

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

24077
Do not use this space.

REC'D AUG 12 1938

1. PLACE OF DEATH

(a) County St Louis Registration District No. 791
 (b) Township Mo Primary Registration District No. 1003
 (c) City Mo (d) Street No. 5915 Cabanne Registered No. 6771
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 5915 Cabanne PLAGE 5 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
 4. COLOR OR RACE W
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Maddie Bennett
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-19-1866
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 1 8
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. Butcher
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Clair Mo

13. NAME Jacob Detwiler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Ettie

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Ma Mat Stevenson
5915 Cabanne

18. BURIAL, CREMATION OR REMOVAL PLACE St. Mother's 7/30

19. FUNERAL DIRECTOR (ADDRESS) Sullivan
2849 No Euclid

20. FILED JUL 29 1938 J. F. Bredich
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27, 1938

22. I HEREBY CERTIFY that I attended deceased from April 15, 1938 to July 27, 1938
 I last saw him alive on July 26, 1938 Death is said to have occurred on the date stated above, at 2:00 a.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset 12/15/37

Other contributory causes of importance: None

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury ✓
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify Dr. Joseph Schaefer M. D.
 (Signed) Dr. Joseph Schaefer
 (Address) 801 W. W. 1st Club

STATEMENT BY LICENSED EMBALMER

Eugene H. Sullivan Licensed Embalmer No. 2930

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed *Eugene H. Sullivan*
Licensed Embalmer No. 2930

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)