

REC'D SEP 12 1938

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

26979

Do not use this space.

6993

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1008**  
(c) City **ST. LOUIS** - (d) Street No. **MISSOURI BAPTIST HOSPITAL** St. **63114**  
(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

**VIRGINIA ANN NORTHROP**  
(a) Residence, No. **604 CLAIREVOIX PL.** St. **MO** **63114** **Web. Groves Mo.**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **FEMALE** 4. COLOR OR RACE **WHITE** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **SINGLE**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **DECEMBER 2-1935**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**2** **8** **4**

OCCUPATION 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. **NONE**  
10. Date deceased last worked at this occupation (month and year)  
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **ST. LOUIS**  
(STATE OR COUNTRY) **MISSOURI**

FATHER 13. NAME **WILLIAM L. NORTHROP**

14. BIRTHPLACE (CITY OR TOWN) **ROCKY COMFORT**  
(STATE OR COUNTRY) **MISSOURI**

MOTHER 15. MAIDEN NAME **BERTHA ANN KESSLER**

16. BIRTHPLACE (CITY OR TOWN) **SLIGO - DENT CO**  
(STATE OR COUNTRY) **MISSOURI**

17. INFORMANT **W M L NORTHROP**  
(ADDRESS) **604 CLAIREVOIX PL.**

18. BURIAL, CREMATION, OR REMOVAL  
PLACE **LAKE CHARLES** DATE **AUG 8**, 19**38**

19. FUNERAL DIRECTOR **C. R. LUPTON SONS**  
(ADDRESS) **7740 DELMAR BLVD**

20. FILE **AUG 7 1938**  
**J. D. Budner**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-6-1938**

22. I HEREBY CERTIFY, That I attended deceased from **7-21**, 19**38**, to **8-6**, 19**38**.

I last saw him alive on **8-6**, 19**38**. Death is said

to have occurred on the date stated above, at **9:15** a.m.

The principal cause of death and related causes of importance were as follows:

**Staphylococcus Meningitis -**  
**non epidemic.**

Date of onset  
**7-21-38**

Other contributory causes of importance:  
**79a**

Name of operation ..... Date of .....

What test confirmed diagnosis? **Spinal fluid** Was there an autopsy? **no**

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 .....

(Signed) **Ving O. Smith** M. D.

(Address) **637 1/2 Grand St. St. Louis**

Original & 1 seen  
Mrs. Theatra Berg,  
12:30 - 3:30 PM  
F.R. - 5588

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STATEMENT BY LICENSED EMBALMER

I, Bradford A. Miles, Licensed Embalmer No. 2901

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 Bradford A. Miles

Licensed Embalmer No. 2901

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.)