

REC'D SEP 12 1938

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

27184
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**
(b) Township Primary Registration District No. **1003**
(c) City **St. Louis** (d) Street No. **St. Luke Hosp.** Registered No. **7198**
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

(a) Residence, No. **3145 Cherry St.** St. **NR Maplewood 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 <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Blauddy Bonner</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Feb. 20, 1882</i>		
7. AGE YEARS <i>56</i>	MONTHS <i>5</i>	DAY <i>23</i>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <i>Housewife</i>		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc.		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>H. Y.</i>		
FATHER	13. NAME <i>Arthur Remick</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i>	
MOTHER	15. MAIDEN NAME <i>Hansy Stitt</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Pa.</i>	
17. INFORMANT (ADDRESS) <i>Vera Hauer 2419 Sulton</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Valhalla</i> DATE <i>Aug. 15, 1938</i>		
19. FUNERAL DIRECTOR (ADDRESS) <i>J. B. Smith 745 J. Manchester</i>		
20. F. AUG 14 1938 <i>J. F. Buehler</i> Local Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 13 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Aug 10 1938*, to *Aug 13 1938*. I last saw her alive on *Aug 13 1938*. Death is said to have occurred on the date stated above, at *3 P.* m. The principal cause of death and related causes of importance were as follows:

Carcinoma of body of
Cholecystitis

Date of onset
55
3 weeks

Other contributory causes of importance:
Surgical operation

Name of operation *Cholecystectomy* Date of *Aug 17 1938*
What test confirmed diagnosis? *HP* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *no* Date of injury *7 20*, 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 *no*
Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*. If so, specify *Chas. E. Hyndman*, M. D. (Address) *3770 Washington*

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.

STATEMENT BY LICENSED EMBALMER

I, J. P. Burgess, Licensed Embalmer No. 4029
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.
Signed J. P. Burgess
Licensed Embalmer No. 4029

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.)