

REC'D SEP 12 1938

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

791
1008

27188

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis, (d) Street No. 1650 South Spring, St. 7202
(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

ELIZABETH ARMSTRONG BOOKER. 260
(a) Residence, No. 1650 So. Spring, Ave., St. 17
(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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 21, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 10 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) unknown -
(STATE OR COUNTRY) Virginia

FATHER 13. NAME Grayson.

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Louis M. Booker.
1650 So. Spring Ave.,

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park Cem. DATE Aug. 16th 1938

19. FUNERAL DIRECTOR C.R. Lupton & Sons.
(ADDRESS) 7233 Delmar, Blvd.

20. F J. D. Bredick 19
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 Sept., 1938, to Aug. 13, 1938

I last saw him alive on Aug. 13, 1938 Death is said

to have occurred on the date stated above, at 4:30 P. m.

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

Central hemorrhage Date of onset 6-37
hypertension years
arterio-sclerosis years
myocarditis
chronic cardiac valvular disease
mitral

Other contributory causes of importance:
see above

Name of operation none Date of

What test confirmed diagnosis? 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) J. D. Bredick, M. D.

(Address) 607 N. Grand

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.

7202

7202

607 M. Island
Jc 42 B

STATEMENT BY LICENSED EMBALMER

I, Clarence H. Murray, Licensed Embalmer No. 4011

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 Clarence H. Murray
Licensed Embalmer No. 4011

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.)