

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

31090

Do not use this space.

REC'D OCT 12 1938

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003** Registered No. **8527**
 (c) City **St. Louis** (d) Street No. **Missouri Baptist Hospital** St.
 (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 Belle Widbin 315

(a) Residence, No. 2835 N. 20th St. St. 26 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 26, 1938**

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

22. I HEREBY CERTIFY, That I attended deceased from **9-24-19** to **9-26-19**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 15, 1860**

I last saw h. **L** alive on **9-26-19**, 19**38** Death is said

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
78	7	7	11	

to have occurred on the date stated above, at **11:15 P.M.**

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Owner of Grocery**
 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

Myocardial infarction
Septicemia
Cholelithiasis

Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

Other contributory causes of importance:

FATHER 13. NAME **James Widbin**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Elizabeth (unknown)**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (ADDRESS) **Mr. Tom Cleary, 4986 Pernod Ave.**

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

18. BURIAL PLACE **Calvary Cemetery** DATE **Sept. 29, 1938**

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.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **Wm. M. Schumacher, 4834 Natural Bridge**

Manner of injury.....
 Nature of injury.....

20. FILED **J. Predeck** Local Registrar.

24. Was disease or injury in any way related to occupation of deceased? **Yes**
 If so, specify..... (Signed) **D. C. Audner**, M. D.
 (Address) **4932 Maryland**

SEP 29 1938

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

John Ketter

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

John Ketter

Licensed Embalmer No. *3880*

P. O. Address

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

If this body is not embalmed, above space should be left blank.