

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

33627

Do not use this space.

NOV 16 1938

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis..... (d) Street No. Frisco Hospital.....
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. FR
 (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. Registered No. 8613

2. PRINT FULL NAME James McPhetridge,

(a) Residence, No. 241 West 11th St...... St. FR Tulsa, Okla.
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/2/38, 19...

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

22. I HEREBY CERTIFY, That I attended deceased from 9/1/38, 19... to 10/2/38, 19...
 I last saw h. 111 alive on 10/2/38, 19... Death is said to have occurred on the date stated above, at 8:30 p.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1886-2-14

The principal cause of death and related causes of importance were as follows:
Pneumonia, Broncho
Carbuncle of head

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 7 18

Date of onset 10/1/38

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Claim Agent
 9. Industry or business in which work was done, as saw mill, bank, etc. Railroad
 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) Mena, Ark.

Other contributory causes of importance:
Anemia (secondary)

13. NAME Paul McPhetridge,

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

15. MAIDEN NAME Sallie Cooper

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

17. INFORMANT Daisy F. McPhetridge
 (ADDRESS) Tulsa, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE Tulsa, Okla. DATE 10/3/38, 19...

19. FUNERAL DIRECTOR (NAME) Robert J. Ambruster
 (ADDRESS) Clayton Rd. at Concordia Lane

20. FILED **OCT 2 1938** J. J. Bredeck
 Local Registrar.

Name of operation..... 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) Arthur C. Darras, M. D.
 (Address) 4960 Laclede

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.

JUN 13 1952

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,

Edward H. Bockhorst

....., or by

Registered Apprentice No., working under my personal supervision.

Signed

Edward H. Bockhorst

Licensed Embalmer No. 2503.

P. O. Address

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.)

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