

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

34179
Do not use this space.

REC'D NOV 16 1938

791

1003

Registered No. **9165**

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City..... **St. Louis** (d) Street No. **1111 Etzel Terrace**
 (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

(a) Residence, No. **1111 Etzel Terrace.** St. **5**
 (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) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 25, 1881**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
57 5 25

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. **At Home**
 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) **West Plains Missouri**

FATHER 13. NAME **John Whitaker**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

MOTHER 15. MAIDEN NAME **Sarah White**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kentucky**

17. INFORMANT (ADDRESS) **Roy Riddle 1111 Etzel Terrace**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Valhalla Cem** DATE **Oct 24 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Shepard Funeral Home 1167 Hamilton Avenue**

20. FILED **OCT 22 1938** **J. F. Brebeck** Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 20 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 7 1938** to **Oct 20 1938**
 I last saw him alive on **Oct 20 1938** Death is said to have occurred on the date stated above, at **5:15 P.M.**
 The principal cause of death and related causes of importance were as follows:

Carcinoma of the Throat

Other contributory causes of importance: **H57**

Name of operation..... Date of.....
 What test confirmed diagnosis? **clinical** 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?
 If so, specify **Walter Hargel** (Signed) **608 Kingsland** (Address) M. D.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Robert W. Haggie* _____

Licensed Embalmer No. *1861* _____

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.)