

NOV 13 1938

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

34356
Do not use this space.

1. PLACE OF DEATH

(a) County / Registration District No. 791
(b) Township Primary Registration District No. 1008
(c) City (d) Street No. Firmin Deloze Hospital 1325 S. Grand
(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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. QUEENS DAUGHTERS 3730 LINDELL St. 79
(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) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 10th 1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 1 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. BOOK BINDER
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) (STATE OR COUNTRY) ST. LOUIS MO 0

FATHER
13. NAME MARIAN COLLINS

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

MOTHER
15. MAIDEN NAME MARGARET MCGUIRE

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

17. INFORMANT DELLA COX
(ADDRESS) 3844 MAFFITT

18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY CEM DATE OCT. 28th 38

19. FUNERAL DIRECTOR (NAME) (ADDRESS) WEEK & DICKMAN
3039 Easton Ave

20. FILED J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 25 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug. 20, 1938, to Oct. 25, 1938

I last saw her alive on Oct 25, 1938. Death is said to have occurred on the date stated above, at 3:20 p.m.

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

Lymphatic Leukemia Date of onset Uncertain

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis Autopsy Was there an autopsy? yes

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. O. Brown, M. D.

(Address) 1325 S. 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.

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, or by.....

John Ketter....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. *3880*

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.