

NOV 15 1938

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

35158  
Do not use this space.

1. PLACE OF DEATH

(a) County Buchanan Registration District No. 85  
 (b) Township Washington Primary Registration District No. 1001  
 (c) City Saint Joseph (d) Street No. 115 West Moose 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 Infant Filley

(a) Residence, No. 115 West Moose St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 24, 1938  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. NONE  
 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) Saint Joseph,  
 (STATE OR COUNTRY) Missouri

FATHER 13. NAME Eldon H. Filley  
 14. BIRTHPLACE (CITY OR TOWN) Cameron,  
 (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Gladys Gill  
 16. BIRTHPLACE (CITY OR TOWN) Dearborn,  
 (STATE OR COUNTRY) Missouri

17. INFORMANT Eldon H. Filley  
 (ADDRESS) 115 West Moose St.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE City Cemetery DATE Oct. 24, 1938

19. FUNERAL DIRECTOR F. R. SIDENFADEN FUNERAL HOME  
 (ADDRESS) 602 South 10th St.

20. FILED Oct 24 1938 H. J. Nestlebusch  
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 24, 1938, to Oct 24, 1938  
 I last saw h. stillborn, 19..... Death is said to have occurred on the date stated above, at..... m.  
 The principal cause of death and related causes of importance were as follows:

Stillborn  
 Date of onset 10/24/38  
 Other contributory causes of importance:  
Several Placenta

Name of operation Amniocentesis Date of 10/24/38  
 What test confirmed diagnosis? Amniocentesis 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) Charles D. Wright M.D. M. D.  
 (Address) 845 So. 19th St. St. Joseph, Mo

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, Theron O. Smith, Licensed Embalmer No. 3928

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

L. E.

No. and by Mollie Sidenfaden, Registered Apprentice No. 145  
working under my personal supervision.

Signed

Theron O. Smith

Licensed Embalmer No. 3928

**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.)**