

OV 16 1938

NOV 21 1938

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

36771
Do not use this space.

1. PLACE OF DEATH
 (a) County St. Louis County Registration District No. 784
 (b) Township _____ Primary Registration District No. 101
 (c) City Clayton (d) Street No. _____ 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 14 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Frances Figue
 (a) Residence, No. 225 Westminster Av. 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 Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Christian Figue
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 6 - 1884
 7. AGE YEARS 89 MONTHS 3 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 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. _____
 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) Blumfield Iowa
 FATHER 13. NAME Kirk Cowgill
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lancaster Missouri
 MOTHER 15. MAIDEN NAME Mary Jane Burwell
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio
 17. INFORMANT (ADDRESS) Mrs. H. G. Martin 6733 Clemons Av.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 11-17-1938
 19. FUNERAL DIRECTOR (ADDRESS) Chas. A. Bull 4452 Washington Pl.
J. R. Meyer
 20. FILED NOV 16 1938 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-1938
 22. I HEREBY CERTIFY, That I attended deceased from 3-11-1932 to 11-14-1938, 1938
 I last saw her alive on 11-14-1938. Death is said to have occurred on the date stated above, at 5 P m.
 The principal cause of death and related causes of importance were as follows:
Senility
 Date of onset _____
 Other contributory causes of importance: 162
 Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? Yes
 If so, specify _____
 (Signed) J. E. Gaston M. D.
 (Address) Webster Groves

WHITE PAPER, WITH UNFADING INK--THIS IS A PERMANENT RECORD

I. X12004

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, John Ketter, Licensed Embalmer No. 3880
hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself
L. E.

No. _____ or by _____
working under my personal supervision.

Registered Apprentice No. _____
Signed John Ketter
Licensed Embalmer No. 3880

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.)