

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

37612
 Do not use this space.

DEC 12 1938

1. PLACE OF DEATH

(a) County..... 1 Registration District No. **791**
 (b) Township..... 1 Primary Registration District No. **1003**
 (c) City **ST. LOUIS MO.** (d) Street No. **5600 ARSENAL ST.** Isolation Hosp. 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 **2 yrs. 4 mos. 17 ds.** (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **3108 MINNESOTA** St. **16**
 (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) **JUNE 29 1936**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2. 4. 18.

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) **MISSOURI**

FATHER
 13. NAME **COBA CRAIG**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **CAMDEN TENN.**

MOTHER
 15. MAIDEN NAME **ESTHER STEIN**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **COLLINSVILLE MO.**

17. INFORMANT (ADDRESS) **Stella Brady 5600 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE **Collinsville Mo. Nov. 19 1938**

19. FUNERAL DIRECTOR (ADDRESS) **St. Louis 2906 Gravois Ave**

20. FILED **J. T. Bredeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 17 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 14, 1938** to **11-17**, 19**38**.
 I last saw her alive on **Nov 17**, 19**38**. Death is said to have occurred on the date stated above, at **12.07** m.
 The principal cause of death and related causes of importance were as follows:

*Diphtheria
 Laryngitis*

Other contributory causes of importance:
Scarlet Fever

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
 Where did injury occur? Specify city or town, county, and State)
 Specify whether injury occurred in fluency, 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 (Signed) **Geo. S. Gyzal**, M. D.
 (Address)

NOV 17 1938

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, Thos Lutus, Licensed Embalmer No. 1619

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

L. E. 1619

No. or by Registered Apprentice No.

working under my personal supervision.

Signed Thos Lutus

Licensed Embalmer No. 1619

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.)