

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

37699
 Do not use this space.

DEC 12 1938

1. PLACE OF DEATH

(a) County 2 Registration District No. **791**
 (b) Township 1 Primary Registration District No. **1003** Registered No. **10026**
 (c) City (d) Street No. **4152 BLAINE AV.** 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

(a) Residence, No. **4152 Blaine Ave** St. **18**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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 **MOUNT ANDERSON**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **FEB. 14 - 1877**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 8 27
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **HOUSEWIFE**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Data deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 11 1938**
 22. I HEREBY CERTIFY, That I attended deceased from **Nov - 6 - 1938** to **Nov - 11 - 1938**
 I last saw him alive on **Nov - 11 1938**. Death is said to have occurred on the date stated above, at **9:10 P.M.**
 The principal cause of death and related causes of importance were as follows:

chronic myocarditis Date of onset

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Flat River Mo**

FATHER 13. NAME **FRIELAND BAYLESS**

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

MOTHER 15. MAIDEN NAME **FANNIE WILLIS**

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

17. INFORMANT (ADDRESS) **MRS. BAYLESS 4152 BLAINE.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **FLAT RIVER Mo** DATE **NOV. 13 1938**

19. FUNERAL DIRECTOR (NAME) (ADDRESS) **F. J. SCHNUR 3125 LAFAYETTE AVE**

20. FILED **NOV 21 1938** 19 **J. Bredeck** Local Registrar.

Other contributory causes of importance

Name of operation Date of operation

23. If death was due to external causes (violence), fill in all of 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 (Signed) **James M. Jefferson, M. D.**

(Address) **2025 S. Jefferson**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

10026
10026

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

Signed Joe B. Vollmer

Licensed Embalmer No. 4014

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.