

REC 12 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

37712  
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....  
(b) Township..... Primary Registration District No.....  
(c) City St. Louis Mo. (d) Street No. 3128 Pine 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. 3128 Pine St. 21  
(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 Coke 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 1913

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hr. or ..... min.  
25 8 1

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. House Work  
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) Helena Ark.

FATHER 13. NAME Abraham Wright

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helena Ark.

MOTHER 15. MAIDEN NAME Hattie Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Helena Ark.

17. INFORMANT Hattie Wright  
(ADDRESS) 3125 Lucas Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 11 23 1938

19. FUNERAL DIRECTOR Pinkie L. Toney  
(ADDRESS) 3129 Lucas

20. FILED 21 1938  
J. Bredeck  
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17-1938

22. I HEREBY CERTIFY, That I attended deceased from 11-15 to 11-17, 1938

I last saw her alive on 11-17, 1938 Death is said to have occurred on the date stated above, at 115 p  
The principal cause of death and related causes of importance were as follows:

acute acute Myo & Endo Carditis with Myofibrillar degeneration caused by  
Other contributory causes of importance: limping down with car - few days must have been

Date of onset known long approx recent wko. few days ago

Name of operation Phop Expt Date of 11-17-38  
What test confirmed diagnosis Phop Expt Was there an autopsy Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? X 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 J. Bredeck M. D.  
(Signed) J. Bredeck  
(Address) 2145 Franklin

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, ....., Licensed Embalmer No. ....

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

..... L. E. ....

No..... or by....., Registered Apprentice No. ....

working under my personal supervision.

Signed *Clayton Young* .....

Licensed Embalmer No. *3371*

**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.)**