REC'D JAN 11 1939

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

791
1003

41069
Do not use this space.

Registered No. 10761

1. PLACE OF DEATH
(a) County 9
(b) Township
(c) City St Louis, Mo.
Registration District No.
Primary Registration District No.
(d) Street No. 2737 Dickson, Street, 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 43 yrs. 11 mos. 29 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Bessie Delashment,
(a) Residence, No. 2737 Dickson, Street, 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dan Delashment,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28th, 1894.

7. AGE: Years 43 | Months 11 | Days ~~29~~ 13 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House-Wife,
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) St Louis, (STATE OR COUNTRY) Missouri, U

FATHER
13. NAME William Colman
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER
15. MAIDEN NAME Dont Know,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT Dan Delashment,
(ADDRESS) 2727 Dickson, Street,

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Dec15th 1938

19. FUNERAL DIRECTOR Houston's Funeral Home.
(ADDRESS) 2812 Thomas, St.

20. FILED DEC 14 1938 J. B. Buchek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 11th, 1938.

22. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1938, to Dec 11, 1938
I last saw her alive on Dec 11, 1938 Death is said to have occurred on the date stated above, at 1:22 A.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Uterus, Primary seat	Unknown
Other contributory causes of importance: Carcinoma of the Liver	Unknown

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) L. E. Moore, M. D.
(Address) 809 N Jefferson

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

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STATEMENT BY LICENSED EMBALMER

I, R.C.Houston, Jr., Licensed Embalmer No. 2266.

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed R.C. Houston Jr.

Licensed Embalmer No. 2266.

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.)