DEC 28 1938 REC'D JAN 6 1939

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

44477
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis 3 Registration District No. 784
(b) Township ~~Normandy~~ Primary Registration District No. 200 Registered No. 2130
or
(c) City ~~Normandy~~ Pine Lawn (d) Street No. 6825 Natl Bridge Rd. Lady of Good Counsel
(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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
Home of Incurables

2. PRINT FULL NAME Josephine J English
(a) Residence, No. 1383 Shawmut Pl St. [ ]
(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) Feb 2nd 1875
7. AGE: 63 YEARS, MONTHS: 10, DAYS: 25 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
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) St. Louis Mo

FATHER
13. NAME Henry English
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

MOTHER
15. MAIDEN NAME Johanna Kelleher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 5

17. INFORMANT (ADDRESS) Mr T. J. English 1383 Shawmut Pl
18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemt DATE 12/30/38 19
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harrigan & Sheahan Und Co 4415 Washington Blvd.
20. FILED DEC 28 1938 19 T. R. Meyer M. D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27/38 19

22. I HEREBY CERTIFY, That I attended deceased from 3/17/38 19 to 12/27/38 19
I last saw her alive on 12/27/38 19 Death is said to have occurred on the date stated above, at 3:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral apoplexy left side with complete hemiplegia all of right side.	3/17/38
Second stroke involving left side of brain. 93C	12/26/38

Other contributory causes of importance: Cerebral hemorrhage. Paralysis of face, throat and chest. Cerebral pressure caused by cerebral clot. Myo cardial decompensation. 12/26/38
Name of operation None. Date of
What test confirmed diagnosis? His. Clinical and Lab. Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Died in the home of Incurables, 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) Dr. Luke B. Turner M.D., M. D.
(Address) 3718 Jennings Rd.

(Licensed Embalmer's Statement on Reverse Side)

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.

DEC 29 1941

Dr. Tillman
Price Lawn,

FEB 18 1958

OCT 5 1948

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 Albert G. Hopper

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.