

REC'D FEB 10 1939

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

139
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township St. Louis Primary Registration District No. 1003 Registered No. 139
 (c) City St. Louis (d) Street No. 114 No South St. (If death occurred in hospital or institution, write its name instead of street and number) St. St. Louis
 (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. 114 No South St. St. 25 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. abt 59

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as saw mill, bank, etc. None
 10. Date deceased last worked at this occupation (month and year) None 11. Total time (years) spent in this occupation 90

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

FATHER 13. NAME " " 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 9

MOTHER 15. MAIDEN NAME " " 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " 9

17. INFORMANT Ezra H. Hahn - R.D. (ADDRESS) 5422 S. Ball

18. BURIAL CREMATION, OR REMOVAL PLACE Graceland College DATE 10/10/38

19. FUNERAL DIRECTOR (ADDRESS) Graceland College of Mortuary Science

20. FILED JAN 4 1939 J. T. Bredek Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/10/38

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 2:45 p.m.

The principal cause of death and related causes of importance were as follows:
Order of Brain
90
 Other contributory causes of importance:
Hydrocephalus - no stones
Hydropericardium
Chronic alcoholic gastritis

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 _____, 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? No
 If so, specify _____ (Signed) Joseph M. Quinn M.D.
 _____ (Address) Deputy Coroner

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

Rex E. Campbell

Licensed Embalmer No. *3881*

City #10e myself

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

L. E.

No.....or by.....
working under my personal supervision.

Registered Apprentice No.....

Signed.....

Rex E. Campbell

Licensed Embalmer No. *3881*

City #10e

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.)