

REC'D FEB 10 1939

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

140
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
(b) Township 1 Primary Registration District No. 2008 Registered No. 140
(c) City St. Louis Mo (d) Street No. 1504 N. No. 17 St. St. Mo
(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. 1504 N. No. 17 St. St. Mo (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

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 11

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 11

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. about 70

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Unknown
9. Industry or business in which work was done, as saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unknown

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

13. NAME 11 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 9

15. MAIDEN NAME 11 9

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 9

17. INFORMANT (ADDRESS) Sharon Hill P.D. 6411 Hoffman

18. BURIAL, CREMATION, OR REMOVAL PLACE, CREMATION, OR REMOVAL DATE Springfield College of Osteopathy 1939

19. FUNERAL DIRECTOR (ADDRESS) W. Tomich & Sons

20. FILED JAN 4 1939 J.D. Beckwith, Registrar

No other certificate of death

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/15/1938

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 _____ m.

The principal cause of death and related causes of importance were as follows:

Pulmonary tuberculosis

Other contributory causes of importance: 11 3

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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 of injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Joseph M. Julian

(Address) Deputy Coroner

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STATEMENT BY LICENSED EMBALMER

I, Rex E Campbell

Licensed Embalmer No. 3881

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

myself City # 100

L. E.

No. or by
working under my personal supervision.

Registered Apprentice No.

Signed Rex E Campbell

Licensed Embalmer No. 3881
City # 100

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.)