

REC'D FEB 10 1939

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

343  
Do not use this space.

## 1. PLACE OF DEATH

(a) County ..... Registration District No. **791**  
(b) Township ..... Primary Registration District No. **1003** Registered No. **343**  
(c) City **St. Louis, Mo.** (d) Street No. **City Infirmary** 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 **32** yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **260 Amelia Vassar**

(a) Residence, No. **5800 Arsenal** St. **13**  
(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) **Widowed**  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **? ? 1874**  
7. AGE YEARS **65** MONTHS **—** DAYS **—** If LESS than 1 day, ..... hrs. or ..... min.  
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.  
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) **Unknown Miss. /**

FATHER 13. NAME **Unknown**  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **9**

MOTHER 15. MAIDEN NAME **9**  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT **J.G. Sullivan**  
(ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **WASHINGTON PARK** DATE **JAN. 11, 1939**

19. FUNERAL DIRECTOR **ELMER F. PETTIS**  
(ADDRESS) **3030 BEYER AVE.**

20. FILED **JAN 10 1939** **J.B. Breda**  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 5, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **May 14, 1936**, to **Jan. 5, 1939**

I last saw her alive on **Jan. 5, 1939** Death is said to have occurred on the date stated above, at **8:55 P.M.**

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

Date of onset

**Hypertensive H. Disease**

Other contributory causes of importance:

Name of operation **None** Date of

What test confirmed diagnosis? **HIST. T. P. E.** 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? **No.**

If so, specify

(Signed) **George M. Pike** M. D.

(Address) **5608 Arsenal St.**

STATEMENT BY LICENSED EMBALMER

I, Henry Goodin Licensed Embalmer No. 3050

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

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_ Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Henry Goodin  
Licensed Embalmer No. 3050

**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.)**

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