

REC'D FEB 10 1939

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

423  
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  
 (c) City St. Louis (d) Street No. 2842 Belt Ave Registered No. 423  
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 2842 Belt Ave St. 6 (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) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josephine  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 - 1860  
 7. AGE YEARS 78 MONTHS 11 DAYS 18 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Electrician  
 9. Industry or business in which work was done, as saw mill, bank, etc. Instrument  
 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) West Virginia  
 13. NAME Earl Brenton White  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia  
 15. MAIDEN NAME Anna Hodstone  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

17. INFORMANT (NAME) Wm. White  
 (ADDRESS) 56079 Greenwood

18. BURIAL, CREMATION, OR REMOVAL Memorial Park DATE Jan 14 1939

19. FUNERAL DIRECTOR (NAME) Wm. F. Stewart  
 (ADDRESS) 1225 Myron Blvd

20. FILED JAN 13 1939 J. P. Becker Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13<sup>th</sup> 1939  
 22. I HEREBY CERTIFY, That I attended deceased from May 17 1922 to January 13 1939  
 I last saw him alive on Jan 13 1939. Death is said to have occurred on the date stated above, at 8 a. m.  
 The principal cause of death and related causes of importance were as follows:

72 Tumor of prostate, arterio sclerosis, probably malignant  
myocarditis chronic  
 Date of onset 6-1-38  
 1933  
 1938

Other contributory causes of importance: 51C  
 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 or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. M. Brown M.D.  
 (Address) 2867<sup>a</sup> Union Blvd.

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.

STATE OF MICHIGAN  
DEPARTMENT OF HEALTH  
DIVISION OF VITAL RECORDS

**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, .....

*BERNARD A. J. STUART*, or by .....

Registered Apprentice No. ...., working under my personal supervision.

Signed..... *Bernard A. J. Stuart*

Licensed Embalmer No. *3500*

P. O. Address *5318 Burtmer*

**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.)**

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