

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

3963
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township NORMANDY Primary Registration District No. 220
 (c) City St. Louis (d) Street No. 7732 Augusta Ave. Registered No. 11
 (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. 7732 Augusta St. (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 FEMALE 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 SIMON J.
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 28 1881
 7. AGE YEARS 57 MONTHS _____ DAYS 5 If LESS than 1 day, hrs. _____ min. _____
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 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 Michael Reid
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND
 MOTHER 15. MAIDEN NAME ANN
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England
 17. INFORMANT (ADDRESS) SIMON J. Preeley 7732 AUGUSTIA
 18. BURIAL, CREMATION, OR REMOVAL PLACE CALVARY DATE JAN 5 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Gallen & Kelly 7367 Natural Bridge
 20. FILED JAN - 4 1939 W. K. Meyer Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/2/39
 22. I HEREBY CERTIFY, That I attended deceased from 12/14/37, 19____ to 1/2/39, 19____
 I last saw her alive on 1/2/39, 19____ Death is said to have occurred on the date stated above, at 11:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Cancer of cervix uteri. 12/14/37
43
 Other contributory causes of importance: Metastasis into bladder, rectum and pelvic bones. Cancer enemia. Myocarditis with edema of all appendages. Myocardial failure.
 Name of operation _____ Date of _____
 What test confirmed diagnosis? History 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) W. K. Meyer M. D.
 (Address) 3918 Juniper St.

1/3/39

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.

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 *Mark Tiernon*

Registered Apprentice No. *174*, working under my personal supervision.

Signed *Clement McNeal*

Licensed Embalmer No. *3732*

P. O. Address *St Louis*

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.