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.

REC'D MAR 13 1939

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

791
1003

4431
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. .....
(b) Township ..... Primary Registration District No. ..... Registered No. 1124
(c) or City St. Louis Missouri. (d) Street No. 5216 Waterman. 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Emma Gladney Duwilius
(a) Residence, No. 5216 Waterman Blvd. St. 12
(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: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20, 1867

7. AGE: YEARS 72 | MONTHS 0 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
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) Lincoln County Missouri

FATHER
13. NAME John M Gladney
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Mo.

MOTHER
15. MAIDEN NAME Anna I. Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln County Missouri

17. INFORMANT (ADDRESS) Mrs. Maude Raymond 5216a Waterman

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ellsberry Mo. DATE Feb. 5, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Albert H. Hoppe Inc. 4700 Washington Blvd.

20. FILED FEB 3 1939 19 J. F. Budak Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 3, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec. 8, 1938, to Feb. 2, 1939
I last saw her alive on Feb. 2, 1939. Death is said to have occurred on the date stated above, at 2:30 p.m.
The principal cause of death and related causes of importance were as follows:

Bronchiectasis — Date of onset: Several years before

Other contributory causes of importance:

Name of operation — Date of —
What test confirmed diagnosis? clinical - x-ray 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) [signature], M. D.
(Address) St Louis Mo.

(Licensed Embalmer's Statement on Reverse Side)

125

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. H. Bradley

Licensed Embalmer No. ~~720~~ 396

P. O. Address Edgerton Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

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