

REC'D MAR 13 1939

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

4677
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 791
 (b) Township _____ Primary Registration District No. 1003 Registered No. 1370
 (c) City St. Louis (d) Street No. 1324 Belt Ave. 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

(a) Residence, No. 421 Margaret Dallas 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 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 Alexis C. Dallas

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 27, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 11 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Practitioner
 9. Industry or business in which work was done, as saw mill, bank, etc. Christian Science
 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) Goose Lake, Iowa

FATHER 13. NAME Ben Bedford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

MOTHER 15. MAIDEN NAME Mary McLein

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada

17. INFORMANT (ADDRESS) Miss Mary T. Bedford, 1324 Belt Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cemetery DATE Feb 14, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Harry J. Gahmeyer, 5195 Wendell Ave.

20. FILED FEB 12 1939 J. D. Brudek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 11, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1938, to January 28, 1939
 I last saw her alive on January 28, 1939. Death is said to have occurred on the date stated above, at 4 a.m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Haemorrhage
Myocarditis Chronica
 Date of onset _____
 Other contributory causes of importance: Senility

Name of operation _____ Date of _____
 What test confirmed diagnosis? Chemical Was there an autopsy? 20

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? 20
 If so, specify _____
 (Signed) George P. Hallinan M. D.
 (Address) 9924 W. Maple, Bly

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, 3454

David C. Gibson

or by

Registered Apprentice No., working under my personal supervision.

Signed

David C. Gibson

Licensed Embalmer No. 3454

P. O. Address

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.