

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

6907
Do not use this space.

REC'D MAR 17 1939

1. PLACE OF DEATH

(a) County Jefferson Registration District No. 421
 (b) Township Crystal City Primary Registration District No. 5-5-75-A Registered No. 21
 (c) City Crystal City (d) Street No. _____ St.
 (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. _____ 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 male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elvina Pearl Null
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 8 - 1893
 7. AGE YEARS 46 MONTHS 1 DAYS 13 If LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Glass maker
 9. Industry or business in which work was done, as saw mill, bank, etc. P. P. Glass Co
 10. Date deceased last worked at this occupation (month and year) Feb 3 1939 11. Total time (years) spent in this occupation 26

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Co. Mo.

FATHER 13. NAME L. S. Null

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

MOTHER 15. MAIDEN NAME Alda Jackson

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

17. INFORMANT (ADDRESS) Alda Rogers Justice R 987

18. BURIAL, CREMATION, OR REMOVAL PLACES Lucas Emporium 2/26 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) First Bond Co Justice, Mo.

20. FILED 2/25 1939 J. E. Rutledge M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23 1939

I HEREBY CERTIFY, That I attended deceased ~~from~~ By holding Inquest Feb. 23 1939
 I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 12:30 P.M.
 The principal cause of death and related causes of importance were as follows:

Verdict of Jury was: Death due to Heart Attack
 Date of onset Feb. 23 1939

Other contributory causes of importance: Arteriosclerosis of Heart

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? X Date of injury X, 19.....
 Where did injury occur? X (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. In home

Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify.....
 (Signed) Frank Frazier, Coroner, M.D.
Justice, Mo. (Address)

APR 10 1954

DEC 20 1954

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, _____

Eleana Provine

or by _____

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

Signed _____

Eleana Provine

Licensed Embalmer No. _____

3403

P. O. Address _____

Festus Mc

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.