

8251939

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 9 1939

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

Mr. C. C. ...
7795
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis 2 Registration District No. 784
(b) Township Normandy 1 Primary Registration District No. 272
(c) City Overland (d) Street No. 9433 Forest Ave. Registered No. 346
(e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 9433 - Forest St. (If nonresident, give city or town and State)
Wilhelmine Angelina Singleton

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 Singleton

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 8 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
61 | 5 | 16

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) 2/13/39 11. Total time (years) spent in this occupation 38 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton, Ga.

FATHER 13. NAME Unknown ?
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

MOTHER 15. MAIDEN NAME Unknown ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown ?

17. INFORMANT (ADDRESS) Hogan Singleton
9433 Forest Overland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Socool, Ga. DATE 2-28-1939

19. FUNERAL DIRECTOR (ADDRESS) Bannan Bros. Inc.
2504 Woodson Rd - Overland, Mo.

20. FILED FEB 25 1939 W. R. Meyer, M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 24 1939

22. I HEREBY CERTIFY, That I attended deceased from Febb 20 1939 to Feb 24 1939

I last saw her alive on Feb 24 1939 Death is said to have occurred on the date stated above, at 5.50 PM

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset 2/20/39

Other contributory causes of importance:
Acute broncho pneumonia 2/23/39

Name of operation _____ Date of _____
What test confirmed diagnosis? clinical signs 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) John J. Farrell M. D.
10500 Lackland Rd. (Address)
Overland, Mo.

STATEMENT BY LICENSED EMBALMER

I, Earl Hillman, Licensed Embalmer No. 3501

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

me L. E.

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

Signed Earl Hillman

Licensed Embalmer No. 3501

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.)