

1939 APR 12 1939

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

8510  
Do not use this space.

1. PLACE OF DEATH

(a) County..... 1 Registration District No..... 791  
(b) Township..... Primary Registration District No..... 1003  
(c) City of St. Louis (d) Street No. 1710 Oregon Avenue 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. 1710 Oregon Avenue St. 23  
(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 Widowed wife of Wm. J.  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 14, 1862  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 76 4 25

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) Waterloo (STATE OR COUNTRY) Missouri

FATHER 13. NAME Henry Alexander

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

MOTHER 15. MAIDEN NAME Martha Mills

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

17. INFORMANT Cora Williams (ADDRESS) 1710 Oregon Avenue

18. BURIAL, CREMATION, OR REMOVAL PLACE Kury, Mo DATE Mar-10-1939

19. FUNERAL DIRECTOR (NAME) W. H. McLaughlin (ADDRESS) 2301 Lafayette

20. FILED J. P. Budek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/9/39  
22. I HEREBY CERTIFY That I attended deceased from Mar. 2 1939 to Mar. 9 1939  
I last saw her alive on Mar. 9 1939. Death is said to have occurred on the date stated above, at 2 A.M.  
The principal cause of death and related causes of importance were as follows:

Myocarditis, chronic  
Bronchial Asthma  
Date of onset  
930

Other contributory causes of importance:  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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 E. M. Coburn M. D.  
(Signed) (Address) 3017 Lafayette

MAR 9 1939

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

20M-9-10  
1 X 16603

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**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

*L. O. Cooper*

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette*

**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.**