

APR 12 1939

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

8777  
Do not use this space.

1. PLACE OF DEATH

(a) County 3 Registration District No. 791  
(b) Township 1003 Primary Registration District No. \_\_\_\_\_ Registered No. 2542  
(c) City ST. LOUIS, MO (d) Street No. 1806 P. PINNACLET 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. 2608 GAMBLE St. 2A (If not resident, 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) APRIL 11 1892  
7. AGE YEARS 47 MONTHS 11 DAYS 2 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as saw mill, bank, etc. LABORER  
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) HELENA ARK

FATHER 13. NAME DONT KNOW  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DONT KNOW

MOTHER 15. MAIDEN NAME AMANDA HARRIS  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARK

17. INFORMANT (ADDRESS) EVA LOGAN 2713 STODDARD ST

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON PARK CEM. DATE 3/18 1939

19. FUNERAL DIRECTOR (ADDRESS) EMER F. PETTIS 3030 DELAY AVE.

20. FILED J. B. Buehler Registrar  
MAR 17 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 13 1939  
22. I HEREBY CERTIFY That I attended deceased from March 10 1939 to March 13 1939  
I last saw him alive on March 13 1939 Death is said to have occurred on the date stated above, at 4:30 p.m.  
The principal cause of death and related causes of importance were as follows:

Solar Pneumonia  
Chronic  
Parenchymatous Nephritis  
Date of onset 3 days

Name of operation Autopsy 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? \_\_\_\_\_ 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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. B. Buehler, M. D.  
(Address) 376 Franklin

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

50M-760-37 1 X12004

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, Chas Gaines, Licensed Embalmer No. 2349

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 Chas Gaines

Licensed Embalmer No. 2349

**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.)**