

APR 12 1939

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

8949
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **2714**
or of **St. Louis**
(c) City (d) Street No. **2664 California 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. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. **2664 California Ave** St. **23** (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 **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Wife of Richard**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 29, 1876**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	62	11	22	

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) **Pinckneyville**
(STATE OR COUNTRY) **Illinois**

FATHER
13. NAME **Martin Presswood**

14. BIRTHPLACE (CITY OR TOWN) **Virginia**
(STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME **Rachel Chappell**

16. BIRTHPLACE (CITY OR TOWN) **N. Carolina**
(STATE OR COUNTRY)

17. INFORMANT **Richard Bronson**
(ADDRESS) **2664 California**

18. BURIAL, CREMATION, OR REINTERMENT in PLACE **Mt. Hope Cem.** DATE **3/24/39**

19. FUNERAL DIRECTOR (NAME) **A. W. McLaughlin**
(ADDRESS) **2301 Lafayette Avenue**

20. FILED **J. D. Brundage** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/21/39**

22. I HEREBY CERTIFY, That I attended deceased from **Dec.**, 19**38**, to **Mar. 21**, 19**39**
I last saw her alive on **Mar. 21**, 19**39**. Death is said to have occurred on the date stated above, at **5 P.M.**
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Date of onset **3/21/39**

Other contributory causes of importance:

**arterio-sclerosis
chr. Hypertension & cholelithiasis
no stones**

Name of operation Date of
What test confirmed diagnosis? **aut.** 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) **Leo P. Young**, M. D.
(Address) **2621 S. Jefferson**

MAR 22 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.

1 X16605

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. H. Cooper

Licensed Embalmer No. *3633*

P. O. Address *2317 Lafayette St.*

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.