

REC'D APR 12 1939

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

9042
Do not use this space.
2807

791
1003

1. PLACE OF DEATH

(a) County Registration District No. 2
(b) Township Primary Registration District No.
(c) City or St. Louis, Mo. (d) Street No. 1933 Hebert Street 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

625 Effie Gresham,
(a) Residence, No. 1933 Hebert Street, St. 26
(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 Logan Gresham,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 7 4

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) (STATE OR COUNTRY) unknown

FATHER
13. NAME Dan Morgan, 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 9

MOTHER
15. MAIDEN NAME Mary Callahan, 9

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jnkown 9

17. INFORMANT (ADDRESS) Mr. Arthur Morgan, 2921 North Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Cem. DATE Mar. 27th, 39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. 1417 N. Market Street.

20. FILED 19 J. B. Buehler Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to Mar 22, 1939
First saw her alive on 3/22, 1939. Death is said to have occurred on the date stated above, at 9:00 P.
The principal cause of death and related causes of importance were as follows:

Tuberculosis, Pulmonary
Date of onset 23

Other contributory causes of importance:
Arthritis Deformans
Paralysis involving both arms & legs 15 yrs duration

Name of operation Date of
What test confirmed diagnosis? Physical 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? Home 1933 Hebert Street
(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 Paul A. Chapman, M. D.
(Signed) (Address) 3515 Dodder

MAR 25 1939

(Licensed Embalmer's Statement on Reverse Side)

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.

FORM I X16405

Dr Chapman

12/2
3518 S. Union St.

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis av

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.