

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 APR 12 1939

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

791
1008

Do not use this space.
9081

Registered No. 2846

1. PLACE OF DEATH
 (a) County..... Registration District No.....
 (b) Township..... Primary Registration District No.....
 (c) City St. Louis, Mo (d) Street No. BARNES HOSPITAL 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 EFFIE LEE GAUVIN
 (a) Residence, No. 4015 FLAD St. 17 (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) Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Gauvin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15, 1898

| | | | | |
|--------|-----------|----------|-----------|--|
| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day,hra. ormin. |
| | <u>40</u> | <u>8</u> | <u>11</u> | |

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Elevator
 9. Industry or business in which work was done, as saw mill, bank, etc. Operator
 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) Kentucky

FATHER
 13. NAME Martin Futrell
 14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Kentucky

MOTHER
 15. MAIDEN NAME Netta Compton
 16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) Kentucky

17. INFORMANT Mrs. Nestor Mc Dermott
 (ADDRESS) 4017 Flad Ave

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Jonesboro Ark. DATE 3-26-39

19. FUNERAL DIRECTOR (NAME) Hegshauer Mortuary
 (ADDRESS) 4228 La. Highway
J. F. Brudick
 Local Registrar.

20. FILED MAR 26 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-39

22. I HEREBY CERTIFY, That I attended deceased from 1-30, 1939, to 3-26, 1939
 I last saw h. ER. alive on 3-26-39, 1939. Death is said to have occurred on the date stated above, at 4:25 a.m.
 The principal cause of death and related causes of importance were as follows:
Asymptomatic lateral sclerosis
 Date of onset ?

Other contributory causes of importance: 8/10

Name of operation..... 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? no
 If so, specify.....
 (Signed) Edward Massie, M. D.
 (Address)..... BARNES HOSPITAL

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.....

Edwin J. Mc Dermott

Licensed Embalmer No. 3024

P. O. Address

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.