

APR 12 1939

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

9095
Do not use this space.

2860

1. PLACE OF DEATH

(a) County 2 Registration District No. 1008
 (b) Township St. Louis, Mo. Primary Registration District No. 2759 Registered No. 2860
 (c) City St. Louis, Mo. (d) Street No. 2759 Cook 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 20 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Anthony Street
 (a) Residence, No. 3959 Wood Ave St. 11
 (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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Nancy Street

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-4-1858

7. AGE YEARS 81 MONTHS - DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Pullman
 9. Industry or business in which work was done, as saw mill, bank, etc. Porter
 10. Date deceased last worked at this occupation (month and year) 1899 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cadiz Ky.

FATHER 13. NAME Harrison Street

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cadiz Ky.

MOTHER 15. MAIDEN NAME Matilda (unknown)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cadiz Ky.

17. INFORMANT (ADDRESS) Finney, A. Street
3959 Cook Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter DATE 3/27/39

19. FUNERAL DIRECTOR (ADDRESS) Manuel Undt, Co.
4059 Finney Ave.

20. FILED MAR 27 1939 J. B. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Mar. 29 1939 to Mar. 23 1939
 I last saw him alive on Mar. 23 1939 Death is said to have occurred on the date stated above, at 2:30 m.
 The principal cause of death and related causes of importance were as follows:

Paralytic stroke
Hypertension
 Date of onset

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?
 If so, specify _____
 (Signed) D. W. H. Taylor, M. D.
 (Address) 7142 Embury

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, C. J. Nash, Licensed Embalmer No. 2432

hereby certify that the body recorded on the reverse side of this certificate was embalmed by At 4059 Finney Ave.

3-23-39 L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed C. J. Nash

Licensed Embalmer No. 2432

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.)