

REC'D APR 12 1939

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

791
1003

9125
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No.....
(b) Township..... Primary Registration District No..... Registered No. 2890
(c) City St. Louis (d) Street No. Missouri Baptist 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 Edward J. Secrest

(a) Residence, No. R.R. #1 St. NR Valley Park
(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna D. Secrest

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 12th, 1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 11 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Plasterer
9. Industry or business in which work was done, as saw mill, bank, etc. St. L. Tuckpointing
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation 60.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME B. Secrest

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER 15. MAIDEN NAME Anna Faulk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

17. INFORMANT (ADDRESS) Anna Secrest
R.R. #1 - Valley Park, Mo.

18. BURIAL, CREMATION, OR REMOVAL Lake Charles Cem. DATE Mar. 29th, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Drehmann Funeral
1905 Union Blvd.

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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 27th, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 6, 1939, to Feb 26, 1939

I last saw him alive on Feb 25, 1939. Death is said to have occurred on the date stated above, at 4:15 A.M.

The principal cause of death and related causes of importance were as follows:

Peritonitis
Acute Appendicitis & Primary Carcinoma of Cecum
Date of onset

Other contributory causes of importance:
Acute Appendicitis & Primary Carcinoma of Cecum
Name of operation Appendectomy & Proctostomy Date of Mar 4-39
What test confirmed diagnosis? Proctoscopy 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) C. H. Wachsberg, M. D.
(Address) 428 2nd St., St. Louis, Mo.

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.

Dr. Mackenfeldt
4 N. 8th
11 to 3

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 Warren A. Carver

Licensed Embalmer No. 3534

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.