

AR 13 1939

RECD APR 7 1938

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

12289
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
(b) Township Overland Primary Registration District No. 270
(c) City Overland (d) Street No. 9309 Tennison St. Registered No. 457
(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

(a) Residence, No. 9309 Tennison St. (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 Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sterling Randolph

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 12 - 1878

7. AGE YEARS 68 MONTHS 4 DAYS - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
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) Marionburg Mo

FATHER 13. NAME Patrick Gibbons

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

MOTHER 15. MAIDEN NAME Anna O'Malley

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

17. INFORMANT (NAME) Mrs Margaret Ray
(ADDRESS) 9309 Tennison

18. BURIAL, CREMATION, OR REMOVAL PLACE Edonia DATE Mar 14 1939

19. FUNERAL DIRECTOR (NAME) Spott Street
(ADDRESS) 1225 Union

R. Meyer M. D. V. H.
Local Registrar.

MAR 13 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 12 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan. 3 - 1939 to Mar. 12 - 1939
I last saw her alive on Mar. 12 - 1939. Death is said to have occurred on the date stated above, at 12 P m.
The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia -
1 yr.
Other contributory causes of importance:
Paralytic Agitation -
Joint Stiffness 2 yr.

Name of operation None Date of
What test confirmed diagnosis? clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury
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) Ray A. Haecker, M. D.
(Address) 2438 Woodson Rd.
Overland, Mo.

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.

50M-1-10-38 I 114028

ARTICLE 20 (EMBALMERS) - 1/1/1961
MICHIGAN BOARD OF HEALTH
MICHIGAN DEPARTMENT OF HEALTH
MICHIGAN DEPARTMENT OF HEALTH

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,

BERNARD A. J. STUART or by

Registered Apprentice No., working under my personal supervision.

Signed Bernard A. J. Stuart

Licensed Embalmer No. 3500

P. O. Address 1225 Union, Bl

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.