

REC'D MAY 10 1939

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

791
100813134
Do not use this space.

Registered No. 3476

1. PLACE OF DEATH

- (a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis Children's Hospital Street No. 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

- (a) Residence, No. 4225 Oakwood St. NR Pine Lawn, Mo
(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 <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-18-30</u>		
7. AGE	YEARS <u>8</u>	MONTHS <u>6</u>
		DAYS <u>24</u>
		IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	<u>Child</u>
	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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>James</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Violet Strawn</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kans.</u>	
17. INFORMANT (ADDRESS) <u>J. McIlwain 1500 S</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New St. Marcus</u> DATE <u>Apr-15-39</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>J. W. McLaughlin 2301 Lafayette</u>		
20. FILED <u>APR 14 1939</u> <u>J. D. Bredich Local Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12-39, 1922. I HEREBY CERTIFY, That I attended deceased from 9-18-37, 19, to 4-12-39, 19.I last saw him alive on 4-12-39, 19. Death is said to have occurred on the date stated above, at 1:30 p.m.

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

Rheumatic Heart Disease Date of onset 10-25-37

Other contributory causes of importance:

Name of operation None Date ofWhat test confirmed diagnosis? _____ Was there an autopsy? Yes

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? NoIf so, specify W. Blatter, M. D.(Signed) W. Blatter (Address) 1500 So. Kemp Highway

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 *L. R. Cooper*

Licensed Embalmer No. *96.33*

P. O. Address *2317 Lafayette*

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.