REG'D MAY 10 1939

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

13534
Do not use this space.

1. PLACE OF DEATH

(a) County ..... 2 Registration District No. .....

(b) Township ..... 1 Primary Registration District No. ..... Registered No. 3876

(c) City St Louis (d) Street No. 1337 A N. Garrison 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 11 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Zenobia Bearfield

(a) Residence, No. 1337 A N. Garrison St. 21
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Female	Col	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16th 1916

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	23	1	9	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. House work

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) Charleston (STATE OR COUNTRY) Mississippi

FATHER

13. NAME Lonnie Bearfield

14. BIRTHPLACE (CITY OR TOWN) Fr Pope (STATE OR COUNTRY) Mississippi

MOTHER

15. MAIDEN NAME Rosie Paugh

16. BIRTHPLACE (CITY OR TOWN) Fr Pope (STATE OR COUNTRY) Mississippi

17. INFORMANT Lonnie Bearfield (ADDRESS) 1337 A N. Garrison

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pope Mississippi DATE 4-29- 1939

19. FUNERAL DIRECTOR (NAME) Ellis Funeral Home (ADDRESS) 2820 Stoddard St

20. FILED APR 26 1939 J. F. Prediek Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-1-8-, 1938 to 4-25-, 1939

I last saw her alive on 4-25-, 1939. Death is said to have occurred on the date stated above, at 7:20 p.m.

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

	Date of onset
Pulmonary Consumption	

Other contributory causes of importance:

Name of operation — Date of

What test confirmed diagnosis? Laboratory 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? No

If so, specify .....

(Signed) P. Walthall M.D., M. D.

(Address) 1004 Jefferson

(Licensed Embalmer's Statement on Reverse Side)

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.

SOR-1-1-2-38 1 X14028

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 Lonnie Boykin, or by Myself,

Registered Apprentice No....., working under my personal supervision.

Signed Lonnie Boykin

Licensed Embalmer No. 2946

P. O. Address St Louis Mo.

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.