

6  
MAY 10 1939

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

13571  
Do not use this space  
3913

1. PLACE OF DEATH

(a) County St. Louis Mo Registration District No. 3  
(b) Township 3 Primary Registration District No. 791  
(c) City St. Louis Mo (d) Street No. 1003 Registered No. 3913  
(e) Length of residence in city or town where death occurred 42.5 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 19054 Market St St. 25 (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 Unknown

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
not 77

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

13. NAME "

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

15. MAIDEN NAME "

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

17. INFORMANT (ADDRESS) Wm E Jerry - PD 3647 French

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth DATE 4/30/39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. R. R. R. Co. 401 Olive St. St. Louis Mo

20. FILED APR 27 1939 Local Registrar J. O. Brudak

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/14/39

22. I HEREBY CERTIFY, That I attended deceased from 19, to 19, 1939

I last saw h alive on 19 Death is said to have occurred on the date stated above, at 10:00 m.

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

ruptured aneurism of ascending aorta;  
arterio sclerosis

Name of operation " Date of "  
What 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? No  
(Signed) Joseph McQuinn, M.D.  
(Address) 2021 Olive St. St. Louis Mo

WHILE EXAMINING WITH GRADING INSTRUMENTS 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.

---

---

**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.....

Licensed Embalmer No.....

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.**