

REC'D MAY 10 1939

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

13633
Do not use this space.

1. PLACE OF DEATH

(a) County 2 Registration District No.
(b) Township 1 Primary Registration District No. Registered No. 3975
(c) City St. Louis (d) Street No. 5351 Delmar Blvd. 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 162 yrs. 3 mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Silas J. Epperson

(a) Residence, No. 5351 Delmar Blvd. St. 12
(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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Josie Baskett Epperson
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 20, 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
88 5 8

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc. blacksmith
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) Marion, Illinois.

FATHER 13. NAME Smith Field Epperson

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

MOTHER 15. MAIDEN NAME Lucinda Jay

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

17. INFORMANT Mrs. Wilmoth Traller (ADDRESS) 5351 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem. DATE 4-29-39

19. FUNERAL DIRECTOR Martin's Funeral Home (ADDRESS) Princeton, Mo.

20. FILED APR 29 1939 J. F. ... Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 28 39 19

22. I HEREBY CERTIFY, That I attended deceased from Jan. 8, 1932 19 to April 28, 1939 19

I last saw him alive on April 27, 1939 Death is said

to have occurred on the date stated above, at 2.45 a. M.

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

Chronic Interstitial Nephritis 2 yrs.
Senility 1 yr.

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Phy. Ex. 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) J. F. ... M. J.

(Address) 508 N. Grand Blvd.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed: *Howard G. Newlan*

Licensed Embalmer No. *3114*

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.)