

PR 1 1 1939

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

16080
Do not use this space.

REC'D MAY 11 1939

1. PLACE OF DEATH

(a) County St. Louis, Registration District No. 784
 (b) Township Meramec, Primary Registration District No. 200
 (c) City Clencoe or Clencoe, Mo. (If death occurred in Hospital or Institution, write its name instead of street and number)
 (d) Street No. Clencoe, Mo. (If of foreign birth? yrs. mos. ds.)

Registered No. 654

2. PRINT FULL NAME

(a) Residence, No. 620 Annis M. Farris, St.
Clencoe, 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 Female 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 Alonzo Farris,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28, 1860.

7. AGE YEARS 78 MONTHS 5 DAYS 11 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife,
 9. Industry or business in which work was done, as saw mill, bank, etc. Own home,
 10. Date deceased last worked at this occupation (month and year) Mar. 1, 1939 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ellisville, Mo.

FATHER 13. NAME Wm. Catherton,

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

MOTHER 15. MAIDEN NAME Virginia Lipscomb,

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

17. INFORMANT (ADDRESS) Alonzo Farris - Clencoe, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel Cem. Pond, Mo. DATE Apr. 11, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Shrader Funeral Home Ballwin, Mo.

20. FILED APR 11 1939 RC Meyer M.D. Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1939 to April 9, 1939
 last saw her alive on April 8, 1939. Death is said to have occurred on the date stated above, at 5 a. m.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset April 1
820

Other contributory causes of importance:
Senility
arteriosclerosis
Chronic Bronchitis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Exam 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) Henry Lead, M. D.
 (Address) Ballwin Mo.

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.

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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 *Geo Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Ballwin, 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.