

REC'D JUN 12 1939

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

16497
Do not use this space.
4031

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City **Deaconess Hospital** (d) Street No. **Deaconess Hospital** St.
(e) Length of residence in city or town where death occurred **St. Louis, Missouri** (If death occurred in Hospital or Institution, write its name instead of street and number) yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **4461 Olive St.,** St. **19**
(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) **stillborn**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **stillborn 4/30/39**

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. 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) **St. Louis, Mo.**

FATHER 13. NAME **Emmett Judson Doss**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Crosssett, Ark.**

MOTHER 15. MAIDEN NAME **Helvia Josephine Sharp**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Springdale, Ark.**

17. INFORMANT **Emmett J. Doss** (ADDRESS) **4401 Olive St., St. Louis, Mo.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Springdale, Ark.** DATE **5/1/39**

19. FUNERAL DIRECTOR **Robert J. Ambruster** (ADDRESS) **Clayton Road at Concordia Lane.**

20. FILED **MAY 1 1939**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 30, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **April 30, 1939, to April 30, 1939**

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **5:40 P.M.**

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

Eclampsia in the mother. Date of onset **4/30**

Other contributory causes of importance: **None**

Name of operation..... Date of.....

What test confirmed diagnosis? **Clinical** 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?.....

If so, specify..... (Signed) **E. J. Edwards** M. D. (Address) **4030 Chestnut**

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.

V. S. NO. 2.
50M-7-20-37
I X12004

STATEMENT BY LICENSED EMBALMER

Edward H. Bockhorst Licensed Embalmer No. 2502

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 *Edward H. Bockhorst*

Licensed Embalmer No. 2502

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.)