

REC'D JUN 12 1939

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

791

17027

Do not use this space.

1008

4561

1. PLACE OF DEATH

- (a) County..... Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. Missouri Baptist Hosp 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 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

- (a) Residence, No. Mo. Baptist Hosp. St. 19 23 months
(Usual place of abode, if no street address, give 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) Widowed

- 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Melvin L. Franklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 18 = 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
81. 2. 29.

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. At Home
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) Arrow Rock, Mo.

13. NAME Remuel M. O'Haver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bellefontaine, Ohio

15. MAIDEN NAME Susan M. Parks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arrow Rock, Mo.

17. INFORMANT (ADDRESS) Mrs. Margaret Peters, Maryland, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Kansas City, Mo. DATE May 18 - 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) C. R. Rupton + Sons, #7233 Selmar Blvd.

20. FILED MAY 18 1939 J. F. Budeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 17th, 1939

22. I HEREBY CERTIFY, That I attended deceased from 5/19 1939 to 5/17 1939

- I last saw her alive on 5/16 1939 Death is said to have occurred on the date stated above, at 8:57 A.M.

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

- Myocarditis (chronic)

- arteriosclerosis

- Other contributory causes of importance

- Name of operation

- What test confirmed diagnosis? 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?

- If so, specify

- (Signed) W. F. Klinefelter, M. D.

- (Address) 4132 Main Street

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.

*See reverse side
4932 Maryland
fo. # 0260.*

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 *Bradford A. Miles*
Licensed Embalmer No. *2901*
P. O. Address *St Louis 875*

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.