

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

17370  
 Do not use this space.

REC'D JUN 1, 1939

**1. PLACE OF DEATH**

(a) County 3 Registration District No. 781  
 (b) Township 1 Primary Registration District No. 1008 Registered No. 4904  
 (c) City St. Louis (d) Street No. En route Homer G. Phillips 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. ROBERTSON MASSAUMI St. NR  
 (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 colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8, 1904

7. AGE YEARS 33 MONTHS 1 DAYS 20 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.  
 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) PULASKI TENN.

FATHER 13. NAME DAN MARKS  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PULASKI TENN.

MOTHER 15. MAIDEN NAME LAURA  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) PULASKI TENN.

17. INFORMANT (ADDRESS) Floyd Dunn ROBERTSON MISSOURI

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE June 2, 1939

19. FUNERAL DIRECTOR (ADDRESS) Pinkie L. Toney 3129 LUCAS

20. FILED MAY 31 1939 J. F. [Signature] Local Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/28/39 19

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

I last saw h..... alive on ..... 12:40 P.M. Death is said to have occurred on the date stated above, at ..... m.

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

Valvular Disease of Heart;  
Chronic Parenchymatous Nephritis;

Other contributory causes of importance:  
Chronic Parenchymatous Nephritis;

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... 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) Chas. Terry M.D.  
 (Address) [Signature]

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, ....., 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.....  
Licensed Embalmer No. 3371

**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.)**