

REC'D JUN 12 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791  
1008

17385

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 1008  
 (b) Township St. Louis Primary Registration District No. 1008 Registered No. 4919  
 (c) City St. Louis  
 (d) Street No. 917 1/2 No. 13th (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 5 1/2 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 917 1/2 No. 13th St. 25 (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male  
 4. COLOR OR RACE Col  
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown  
 7. AGE YEARS abt 39 MONTHS — DAYS — If LESS than 1 day, ..... hrs. or ..... min.  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Lawyer  
 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 17  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La.  
 13. NAME Unknown  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "  
 15. MAIDEN NAME " " " "  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) " " " "  
 17. INFORMANT (ADDRESS) Emel Lambert P.O. 2119 N. 1st St.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 5/10/39  
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Chas. W. B. Co. 1000 N. 1st St. St. Louis  
 20. FILED MAY 31 1939 J. B. Budick, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22/39  
 22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....  
 I last saw h..... alive on ..... 19..... Death is said to have occurred on the date stated above, at 2:45 m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Myocarditis  
 Other contributory causes of importance:  
Chronic Hypertension  
 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? No  
 If so, specify —  
 (Signed) Joseph M. DeWitt, M.D.  
 (Address) Deputy Coroner

WHITE 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.

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**