

JUN 6- 1939

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

23240  
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784  
(b) Township Maplewood Primary Registration District No. 109  
(c) City Maplewood (d) Street No. 2200 Bredell 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. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

Registered No. 1024

2. PRINT FULL NAME Samuel Servant

(a) Residence, No. Broadway & Salisbury St.  (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Divorced  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edythe Servant  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2 - 1868  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 4 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Druggist  
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) Chester Ill. (STATE OR COUNTRY)

FATHER 13. NAME Samuel B. Servant

14. BIRTHPLACE (CITY OR TOWN) Chester Ill. (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Eliza Jones

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

17. INFORMANT Gorden Servant (ADDRESS) 5971 Hamilton Pl.

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE 6-7-39

19. FUNERAL DIRECTOR (NAME) H. Rindskopf (ADDRESS) 5216 Delmar

20. FILED 66-1839 DR Meyer Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-6-39

22. I HEREBY CERTIFY, That I attended deceased from April 15, 1939, to June 6, 1939  
I last saw him alive on June 4, 1939. 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:

Cerebral Hemorrhage with thrombosis  
R. S. P.  
87a-1  
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? Chester Was there any.....

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) John C. Brown, M. D.  
(Address) 451 S. Washington St.

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.

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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.**