

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

50M-4-10-30
I X18805

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.

JUL 24 1939
AUG 7 1939

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

26741
Do not use this space.

1. PLACE OF DEATH ²
 (a) County St. Louis Registration District No. 784
 (b) Township Bonhomme Primary Registration District No. 790 Registered No. 1322
 (c) City Ballwin or (d) Street No. Baldwin No. 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. moa. da.

2. PRINT FULL NAME Rebecca Radcliff
 (a) Residence, No. Baldwin No. St. 19 (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) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13-1859

7. AGE YEARS 81 MONTHS 9 DAYS 8
 If LESS than 1 day, hrs. or min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
 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) Kentucky 1

FATHER
 13. NAME Geo Murphy 1
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky 4

MOTHER
 15. MAIDEN NAME unknown
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT James H. Swearing
 (ADDRESS) 3530 Greenbriar Texas

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Walton Ky DATE July 25 1939

19. FUNERAL DIRECTOR (NAME) Louis H. Bopp
 (ADDRESS) Kirkwood Mo

20. FILED JUL 24 1939 J.R. Myer
 Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 21 1939

22. I HEREBY CERTIFY, That I attended deceased from June 21 1939 to July 21 1939
 I last saw her alive on July 20 1939 Death is said to have occurred on the date stated above at 10:30 AM
 The principal cause of death and related causes of importance were as follows:
Hypostatic bronchopneumonia
Chronic nephritis
Chronic myocarditis
 Date of onset 7-20-39

Other contributory causes of importance: 131
arteriosclerosis

Name of operation home Date of
 What test confirmed diagnosis? Physical 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
 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 home
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) B. P. Loving M. D.
 (Address) Ballwin, Mo.

(Licensed Embalmers Statement on Reverse Side)

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.....

Louis H. Bogg....., Registered Apprentice No.....
working under my personal supervision.

Signed *Louis H. Bogg*.....
Licensed Embalmer No. *921*.....
P. O. Address *Kirkwood Mo*.....

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.