

1939

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCURRENCE is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 26831REGD AUG 7 1939
Registration District No. 704Primary Registration District No. 2ndRegistrar's No. 1224

1. PLACE OF DEATH:

(a) County. St. Louis 2
 (b) City or town. Pine Lawn
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4220 Edgewood Blvd.
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 35yrs
 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County. St. Louis
 (c) City or town. Pine Lawn
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4220 Edgewood Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Anna M Priest 623

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased May 11th 1854
(Month) (Day) (Year)8. AGE: Years Months Days If less than one day
85 1 27 hr. min.9. Birthplace St. Louis
(City, town, or county) (State or foreign country)10. Usual occupation At Home 011. Industry or business _____ 112. Name John G Priest 013. Birthplace Boston Mass
(City, town, or county) (State or foreign country)14. Maiden name Virginia Chouteau15. Birthplace St. Louis Mo
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Ella B Priest(b) Address 4220 Edgewood Ave17. (a) Burial (b) Date thereof July 10th 39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bellefontaine Cemt18. (a) Signature of funeral home Harrison & Sheahan Und Co(b) Address 4415 Washington Blvd.19. (a) III - 8 1939 (b) DR [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 8th
year 1939 hour 6:30 am minute _____ M.21. I hereby certify that I attended the deceased from July 5th 1939, to July 8th 1939;
that I last saw her alive on July 5th 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Intestinal Obstruction unknown

Due to _____

Due to _____

Other conditions Infermiting eyes
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____23. Signature Clyde B Kane (M. D. or other) _____Address 4625 Newberry Date signed 7/8/39

(Licensed Embalmer's Statement on Reverse Side)

1278

6-8
TO THE MEMBER OF THE

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 the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

26831 7
Do not use this space.

1. PLACE OF DEATH

(a) County St Louis Registration District No. 784
(b) Township Pine Lawn Primary Registration District No. 200 Registered No. 1224
(c) City (d) Street 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. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Annrie M. Priest 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 <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>S</u> (Write the word)		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS <u>85</u>	MONTHS <u>1</u>	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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.			
	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)				
FATHER	13. NAME			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)			
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE DATE				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED 19.....				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-8, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on 19..... 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:

Intestinal Obstruction Date of onset

Other contributory causes of importance:

Infirmitas of age

Hernia left inguinal hernia

Name of operation Date of

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) Clyde E. Tame, M. D.

(Address) 4625 N. Labadie

Local Registrar.

SUPPLEMENTAL

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

(10) 7-11 1955

5-26831

1979