

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 38366  
Registrar's No. 10205

DEC 17 1939 791  
Registration District No. 1000

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH: St. Louis.  
(a) County St. Louis, Mo.  
(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Infirmiry Hospital.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution September 2, 1938  
44yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1  
(a) State Mo. (b) County St. Louis  
(c) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL") 13  
(d) Street No. 5800 Arsenal St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? Foreigner years.

3. (a) PRINT FULL NAME Emma Schowe.  
3. (b) If veteran, name war ✓  
3. (c) Social Security No. 550

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month November day 28,  
year 1939 hour 3:25 minute P. M.

4. Sex Female  
5. Color or race White  
6. (a) Single, widowed, married, divorced Widow  
6. (b) Name of husband or wife Unknown  
6. (c) Age of husband or wife if alive years 18 years

21. I hereby certify that I attended the deceased from September 2, 1938, to November 28 1939,  
that I last saw her alive on November 28, 1939,  
and that death occurred on the date and hour stated above.

7. Birth date of deceased June 10 1870  
(Month) (Day) (Year)  
8. AGE: Years 69 Months 5 Days 18 If less than one day hr. min.

Immediate cause of death Labor Pneumonia  
Degenerative Heart Disease  
Due to arteriosclerosis  
Due to \_\_\_\_\_

9. Birthplace England.  
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death) 108

10. Usual occupation Housewife.  
11. Industry or business X  
12. Name Stephen Wade  
13. Birthplace Wales; England  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace "  
(City, town, or county) (State or foreign country)

Major findings: Of operations \_\_\_\_\_  
Of autopsy same  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically

16. (a) Informant's own signature G. Molony  
(b) Address 5800 Arsenal St.  
17. (a) Burial (b) Date thereof 11-30-39  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Calvary Cemetery  
18. (a) Signature of funeral director James H. H. Co.  
(b) Address 2849 N. Lindbergh  
19. (a) NOV 30 1939 (b) J. B. Beck  
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence Nov 28 1939  
(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) Means of injury \_\_\_\_\_  
23. Signature Dr. J. Boyalier (M. D. or other) \_\_\_\_\_  
Address \_\_\_\_\_ Date signed \_\_\_\_\_

**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 Albert Mayfield  
Licensed Embalmer No. 2077

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.**