

DEC 15 1939

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

40002  
Do not use this space.

1. PLACE OF DEATH  
(a) County Jefferson Registration District No. 420  
(b) Township Waller Primary Registration District No. 3022 Registered No. 70  
(c) City Desoto (d) Street No. \_\_\_\_\_ (If death occurred in Hospital or Institution, write its name instead of street and number) St. \_\_\_\_\_  
(e) Length of residence in city or town where death occurred 27 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME LUCINDA WHITESIDE  
(a) Residence, No. 913 Plattin 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF L. J. Whiteside  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 1880  
7. AGE YEARS 59 MONTHS 7 DAYS 28 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home  
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) St. Clair Co. Illinois  
13. NAME George Schantz  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois  
15. MAIDEN NAME Elizabeth Baltz  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Illinois  
17. INFORMANT (ADDRESS) L. J. Whiteside Desoto Mo.  
18. BURIAL, CREMATION OR REMOVAL PLACE City Cemetery DATE Nov. 28 1939  
19. FUNERAL DIRECTOR (ADDRESS) Donald B. Dittler Desoto Mo.  
20. FILED 12-1 1939 Jereus Donnell Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 25 1939  
22. I HEREBY CERTIFY, That I attended deceased from 10/7/39, 1939, to 11/25, 1939  
I last saw her alive on 11/20, 1939 Death is said to have occurred on the date stated above, at 8 p.m.  
The principal cause of death and related causes of importance were as follows:  
Diabetes mellitus Multiple abscesses of both legs. Aug. 1939  
Other contributory causes of importance: 59  
Name of operation Drainage abscesses Date of Sept. 10, 1939  
What test confirmed diagnosis? Clinical 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) Harold K. Muffins M. D.  
De. Log, Mo.  
3:1 (Address)

MARGIN RESERVED FOR BINDING  
 WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD  
 V. S. NO. 2. 50M-7-20-37 1 X12004  
 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.

STATEMENT BY LICENSED EMBALMER

I, Donnell B. Dietrich, Licensed Embalmer No. 4104

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed Donnell B. Dietrich

Licensed Embalmer No. 4104

**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.)**