

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.

PLACE OF DEATH

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

County _____

Township _____

or

Village _____

or

City St. Louis Mo. (NO. 3624 Vista Ave. St.: 16 Ward)

Registration District No. 791

File No. 40539

Primary Registration District No. 1003

Registered No. 10422

FULL NAME Rachel Savoy

[If death occurred in a hospital or institution, give its NAME instead of street and number]

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white SINGLE MARRIED WIDOWED OR DIVORCED widow
(Write the word)

DATE OF BIRTH Don't know, about 1825
(Month) (Day) (Year)

AGE about 85 yrs. mos. ds. IF LESS than 1 day, ____ hrs. or ____ min.?

OCCUPATION Inmate of Bethesda old Ladies Home.
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (City or town, State or foreign country) Don't know

NAME OF FATHER Don't know

BIRTHPLACE OF FATHER (City or town, State or foreign country) Don't know

MAIDEN NAME OF MOTHER Don't know

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Don't know

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Bethesda Home.
(ADDRESS) Bethesda Home.

Filed DEC 31 1910 P. A. Wheeler Bond
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Dec. 30, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Apr. 9, 1910, to Dec. 29, 1910, that I last saw her alive on Dec. 29, 1910, and that death occurred, on the date stated above, at 11 P.M.

The CAUSE OF DEATH* was as follows:
Bronchitis

(Duration) ____ yrs. ____ mos. ____ ds.
Contributory Chronic Endocarditis
(SECONDARY) (Duration) ____ yrs. ____ mos. ____ ds.

(Signed) D. Wistar White M. D.
Dec 30, 1910 (Address) 3649 Vista

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
At place of death ____ yrs. 8 mos. 30 ds. In the State ____ yrs. ____ mos. ____ ds.
Where was disease contracted if not at place of death? Bethesda old Ladies Home
Former or usual residence Bethesda old Ladies Home.

PLACE OF BURIAL OR REMOVAL Catholic Church DATE OF BURIAL Dec 31, 1910

UNDERTAKER W. H. Alexander ADDRESS 2835 Olive

