

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.

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

Do not use this space.

15402

2302

1. PLACE OF BIRTH

County St. Louis
Township North
City St. Louis

Registration District 399
Primary Registration District 1000

File No. 15402
Registered No. 2302
St. 11 Ward 1

2. FULL NAME

(a) Residence. No. 1712 E. 17th St., 11 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Don't know

7. AGE

YEARS about 30 MONTHS DAYS

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Housewife

(b) General nature of industry, business, or establishment in which employed (or employee)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Minneapolis

10. NAME OF FATHER

Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

12. MAIDEN NAME OF MOTHER

Agnes Starks

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo.

14.

INFORMANT

(Address)

Mrs. Stella Tushy

40 S. Greeley

15.

FILED

6/14/27

M. W. Crowl

Ant

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR)

May 31 1927

17. I HEREBY CERTIFY, That I attended deceased from 1927 to 1927

that I last saw him alive on 1927, and that death occurred, on the date stated above, at 1927 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

suicide - fracture of neck
of a poison
163 D (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

166 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy

(Signed) Ed. J. Peterson, M. D.

5-31-27 (Address) St. Louis, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state

(1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or

HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

St. Highland

DATE OF BURIAL

June 1 1927

20. UNDERTAKER

THATCHER'S FUNERAL HOME

ADDRESS

1520 N. 5th St.

