

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

Do not use this space.

28400

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No. ....

Township.....

Primary Registration District No. **1003**

Registered No. **17922**

City St. Louis (No. ....)

Jewish Hosp. St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 801 S 4th St. W. Ward. St. Louis Ill.

(Usual place of abode) (If nonresident give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 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) April 10, 1869

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>59</u>		<u>4</u>	<u>24</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Maids  
(b) General nature of industry, business, or establishment in which employed (or employer).....  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) St. Louis Ill.  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Williamson plant

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Sarah Wase

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ill.  
(STATE OR COUNTRY)

14. INFORMANT Salie Tudor  
(Address) 2236 Tenth Ave

15. SFP - 6 1927 Wes. C. Storkloff  
FILED 19 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept. 2, 1927, to Sept. 4, 1927, that I last saw h. w. alive on Sept. 4, 1927, and that death occurred, on the date stated above, at 1:30 P. M.

THE CAUSE OF DEATH: WAS AS FOLLOWS:

Cerebral hemorrhage  
Apoplexy  
(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) Atherosclerosis  
(duration) yrs. mos. da.

18. WHERE WAS DEATH CONTRACTED Home  
IF NOT A PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? No DATE OF.....

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?  
(Signed) Hermon D. Meyer, M. D.

(Address) 601 Mississippi Ave  
\*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. Louis Ill DATE OF BURIAL Sept. 7, 1927

20. UNDERTAKER W. H. Donnell ADDRESS St. Louis Ill

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.

