

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... St. Louis Primary Registration District No. 1003  
 City..... St. Louis (No. City Hospital #2) St. .... Ward.....

File No. 28687  
 Registered No. 8226

**2. FULL NAME**

(a) Residence. No. 2109 Biddle St., 21 Ward.....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 15, 1890  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
37 | 4 | 21 | ..  
 8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work Domestic  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... Miss.  
 (STATE OR COUNTRY)  
 10. NAME OF FATHER Henry Smith  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... Miss.  
 (STATE OR COUNTRY)  
 12. MAIDEN NAME OF MOTHER Nancy Jones  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... Miss.  
 (STATE OR COUNTRY)

14. INFORMANT Anna F. Woodard  
 (Address) City Hospital #2

15. SEP 16 1927 Mark Starker  
 FILED 1927 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 6, 1927  
 17. I HEREBY CERTIFY, That I attended deceased from 8/13, 1927, to 9/6, 1927, that I last saw him alive on 9/6, 1927, and that death occurred, on the date stated above, at 5:50 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

46c  
Carcinoma of sigmoid  
 (duration)..... yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY) 45  
 (duration)..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....  
 DID AN OPERATION PRECEDE DEATH? yes DATE OF 8-15-27  
 WAS THERE AN AUTOPSY?..... no  
 WHAT TEST CONFIRMED DIAGNOSIS?..... Laboratory (Path)  
 (Signed)..... G. Cunningham, M. D.  
 , 19 (Address) City Hospital #2

\*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 POYERS FIELD. DATE OF BURIAL 9/16 1927

20. UNDERTAKER Sumner Bros ADDRESS- 215 1/2 Jefferson Ave

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.

