

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

Do not use this space.

35025

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1009**

City St. Louis Mo. (No.), Sanitarium St. Ward)

File No.

Registered No. **10173**

2. FULL NAME

(a) Residence. No. 1416 Papin St., 13 Ward.

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 7 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 32 2 ?

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

9. BIRTHPLACE (CITY OR TOWN)..... Unknown
(STATE OR COUNTRY) Tennessee

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Frank M. Starker
(Address) 5300 Bessie

15. FILED Nov 14 1927 Mar. C. Starker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/11/27 19

17. I HEREBY CERTIFY, That I attended deceased from 10/31/27, 19, to 11/11/27, 19, that I last saw h. alive on 11/11/27, 19, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocardial Infarction

8 2/3 (duration) yrs. mos. 11 da.

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

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Frank M. Starker, M. D.

11/7-7, 19 (Address) 5300 Bessie

*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 Nov 13 1927

20. UNDERTAKER R. M. C. Green ADDRESS 3517 Leide

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

