

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

Do not use this space.

35051

1. PLACE OF DEATH

County *St. Louis*
Township *St. Louis*
City *St. Louis*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *City Hosp # 2*)

File No. *10300*
Registered No. *10300*
St. *St. Louis* Ward

2. FULL NAME

Stella Stamps
(a) Residence No. *805 N. 16* St. *25* Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *(col.)* 5. SINGLE, MARRIED, WIDOWED OR DIVORCED *(write the word)* *Married*

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Nov. 9 19 27*

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

17. I HEREBY CERTIFY, That I attended deceased from 19..... to 19..... that I last saw h..... alive on..... 19..... and that death occurred, on the date stated above, at..... *8:00 a.m.*

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

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. *Ab. 74*

*Shock & Burns
Due to clashing becoming
ignited while carrying
a kerosene lamp*

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 employer) (c) Name of employer

CONTRIBUTORY (SECONDARY) *No Burning Bldg.* (duration) yrs. mos. da. *187*

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo.*

18. WHERE WAS DISEASE CONTAINED? IF NOT AT PLACE OF DEATH?

10. NAME OF FATHER *Unknown*

DID AN OPERATION PRECEDE DEATH? DATE OF

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

WAS THERE AN AUTOPSY? *No.*

12. MAIDEN NAME OF MOTHER *" "*

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *R. S. Vicks*, M. D.

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

11/15, 1927 (Address) *Coroner*

14. INFORMANT (Address) *J. W. Kerney
Coroner's Office*

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

15. FILED *11 15 1927* *May 6 Starker* REGISTERED

20. UNDERTAKER ADDRESS *J. W. Hughes
Lawton*

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.

WRITE PLAINLY, WITH UNFADING INK.

