

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

Do not use this space.

2349

**1. PLACE OF DEATH**

County St. Louis Registration District No. 784  
 Township St. Ferdinand Primary Registration District No. 6030  
 City 501 Kenloch Dr 8 Ring St St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 8 Ring St. \_\_\_\_\_ 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 3-1862

7. AGE YEARS MONTHS DAY IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65      6      3

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

9. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ark

10. NAME OF FATHER Mr Sebastian

11. BIRTHPLACE OF FATHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ark

12. MAIDEN NAME OF MOTHER Choline ?

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) Ark

14. INFORMANT King Keaton  
 (Address) 8 King St, So. Lomb.

15. FILED 1-8-28 O. Schmidt REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-6-1928

17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to 1-6-28, 19\_\_\_\_, that I last saw her alive on 1-6-, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_, 10 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:  
Lobar Pneumonia

108 (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED \_\_\_\_\_ IF NOT AT PLACE OF DEATH: at place of death

19. DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? no  
 WHAT TEST CONFIRMED DIAGNOSIS? typical finding

(Signed) J. D. [unclear], M. D.  
1-6-28 (Address) 1122 Kippan

\*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 Washington Park DATE OF BURIAL 1-11-28

20. UNDERTAKER [unclear] ADDRESS 4202

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.

FEB 23 1928

