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

Do not use this space.

3358

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1803 Registered No. 986

City St Louis (No. 4018 Lucky St. St. ..... Ward)

2. FULL NAME Rau Vicky

(a) Residence. No. 4018 Lucky St., 11 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Negro	Married

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

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

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
Abt 56			

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) Greenville
(STATE OR COUNTRY) Mississippi

PARENTS

10. NAME OF FATHER Moses Black

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

12. MAIDEN NAME OF MOTHER Emma Clark

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

14. INFORMANT Bessie Mitchell
(Address) 4018 Lucky Street

15. JAN 27 1928 Marie Starkoff
FILED ..... 19..... REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-25-1928

17. I HEREBY CERTIFY, That I attended deceased from 12-23, 1927, to 1-25, 1928, that I last saw h. alive on 1-24, 1928, and that death occurred, on the date stated above, at 1:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cirrosis of Liver (Alcoholic) Associated with
8 (A) Bulbar paralysis
12 (A) 75 (B)
CONTRIBUTORY (SECONDARY) Gastritis (Alcoholic) (duration) yrs. 2 mos. ds.
(duration) yrs. 3 mos. ds.

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

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

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Bed Side Diagnosis

(Signed) J. L. Walker, M. D.

1-27-1928 (Address) 8401 N. Jefferson 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 Washington Park — DATE OF BURIAL 1-28-1928

20. UNDERTAKER Gates — ADDRESS 4107-9 Finney

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 WITH INKLING INK—THIS IS A PERMANENT RECORD