

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

Do not use this space.

6814

**1. PLACE OF DEATH**

County.....

Registration District No.....

791  
1003

Township.....

Primary Registration District No.....

City *St. Louis, Mo.* (No.....)

*Sanitarium*

File No.....

Registration No. *11768*

St.....

Ward.....

**2. FULL NAME**

*Elizabeth Christian*

(a) Residence, No. *310 Barry* 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 *45* yrs. + mos.

How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**2. SEX**

*Female*

**4. COLOR OR RACE**

*Colored*

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

*Widowed*

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

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

*July 4, 1860.*

**7. AGE**

YEARS

MONTHS

DAYS

IF LESS than 1 day, hrs. or min.

*67*

*7*

*12*

**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)**

(STATE OR COUNTRY)

*Payet Missouri*

**10. NAME OF FATHER**

*Unknown*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Payet Missouri*

**12. MAIDEN NAME OF MOTHER**

*Unknown*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

*Kashatille Tennessee*

PARENTS

**14.**

INFORMANT (Address)

*Joseph C. Cook 5300 Broadway*

**15.**

FILED *17 1928*

*Max Esterloff REGISTRAR*

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)**

*2/10/28* 19

**17.**

I HEREBY CERTIFY, That I attended deceased from *1/19/28*, 19....., to *2/10/28*, 19....., and that I last saw him alive on *1/17/28*, 19....., and that death occurred, on the date stated above, at *8:30 a.m.*

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

*Chronic Valvular Disease (Aortic Regurgitation) 92A*

*90W* (duration) *1* yrs. *7* mos. *7* ds.

**CONTRIBUTORY (SECONDARY)**

(duration)..... yrs. mos. ds.

**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? *Chang's*

(Signed) *Joseph C. Cook*

*2/10/28, 19* (Address) *5300 Broadway*

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**

**DATE OF BURIAL**

*Elstberry Mo.*

*2/18 1928*

**20. UNDERTAKER**

**ADDRESS**

*W. C. Gordon Und Co*

*2649 Maroon*

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---THIS IS A PERMANENT RECORD

