

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

Do not use this space.

11069

**1. PLACE OF DEATH**

County.....

Registration District No. 131

Township.....

Primary Registration District No. 2003

City St Louis (No. 4523)

Evans Ave

File No. ....

Registered No. 2897 St. .... Ward)

**2. FULL NAME**

Emily Hull

(a) Residence. No. 4523 Evans Ave No. 11 Ward.

(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**

3. SEX

female

4. COLOR OR RACE

white

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) Sept 6 1835

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

92

6

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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work

(b) General nature of industry, business, or establishment in which employed (or employer) at home

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) England

10. NAME OF FATHER

W Bouch

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Johanna Richards

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) England

14.

INFORMANT Harry Hull  
(Address) 4523 Evans Ave

15.

FILED 11 1928 Max C Stankoff  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 13 1928

17. I HEREBY CERTIFY, That I attended deceased from 16th 1928, to Mar 13th 1928.  
that I last saw h. EA alive on Mar 13th 1928 and that death occurred, on the date stated above, at 2 o'clock.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Arterio Sclerosis  
97 9/13  
162 (duration) ..... yrs. .... mos. .... da.

CONTRIBUTORY 8 mile Marasmus  
(SECONDARY)

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? As above mentioned

(Signed) W. H. Mearns M. D.

3/14th 1928 (Address) 416-37 Eastern 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

St Peters Kirkwood

DATE OF BURIAL

Mar 15 1928

20. UNDERTAKER

Lucille Kelly

ADDRESS

4526 Easton

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.

MISSOURI STATE BOARD OF HEALTH

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