WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

22447

1. PLACE OF DEATH

County ..... Registration District No. 797 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 6641

City St. Louis, Mo. (No. St. Lukes Hospital. ..... St. ..... Ward)

2. FULL NAME Elizabeth A. McCool.

(a) Residence. No. 1962 Semple Ave. St., 6 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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	White	Widowed

5a. If Married, Widowed, or Divorced HUSBAND of (or) WIFE of Honathan McCool

6. DATE OF BIRTH (month, day and year) Dec. 24, 1866.

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	61	5	28	

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) At home.

(c) Name of employer

9. BIRTHPLACE (city or town) Canada.
(State or country)

PARENTS

10. NAME OF FATHER George Ward.

11. BIRTHPLACE OF FATHER (city or town)
(State or country) Unknown.

12. MAIDEN NAME OF MOTHER Unknown.

13. BIRTHPLACE OF MOTHER (city or town)
(State or country) Unknown.

14. INFORMANT Mrs. Myrtle Jones
(Address) 1962 Semple

15. FILED 25 ..... 19..... Max C Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (month, day and year) June 21 1928

17. I HEREBY CERTIFY, That I attended deceased from June 18th, 1928, to June 21st, 1928, that I last saw her alive on June 21, 1928, and that death occurred, on the date stated above, at 8:45 P m.

THE CAUSE OF DEATH* was as follows: Empyema of Gallbladder

(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Gallstones

(duration) 10 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? Physical Findings

(Signed) [illegible] M.D.

, 19 ..... (Address) 6127 Bartmer Av

*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
St. Peters Cemetery	June 25 1928.
20. UNDERTAKER	ADDRESS
Geo. L. Pleitsch	5964 Easton