

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. *1791*

Township.....

Primary Registration District No. *1791*

City *St. Louis, Mo.* (No. *2723*) *Stoddard*

St. *Stoddard* (Ward)

File No. *22536*

Registered No. *6754*

St. *Stoddard* (Ward)

2. FULL NAME

(a) Residence. No. *2723* *Stoddard* St., *21* 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.

da.

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

yrs.

mos.

da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Cold

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

Single

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

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

1926-7-20

7. AGE

YEARS

MONTHS

DAY

IF LESS than 1 day, hrs. or min.

1

4

6

8. OCCUPATION OF DECEASED

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

none

(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)

St. Louis, Mo.

10. NAME OF FATHER

Nicholas Skinner

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Miss

12. MAIDEN NAME OF MOTHER

Roseta Hunter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis, Mo.

14.

INFORMANT (Address)

Roseta Hunter 2723 Stoddard St

15.

FILED

28 May 1928

REGISTRAR

3.

MEDICAL CERTIFICATE OF DEATH

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

June 26th 1928

17.

HEREBY CERTIFY, That I attended deceased from *June 25th 1928* to *June 26th 1928*

That I last saw him alive on *June 26th 1928*, and that death occurred, on the date stated above, at *2105 Market St. St. Louis, Mo.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

A. Indigestion Gastro. Enteritis
119B (duration) yrs. *1* mos. *1* da.

CONTRIBUTORY (SECONDARY)

119B Diet (duration) yrs. *1* mos. *1* da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

119B Bath home

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) *Rush*, M. D.

, 19 (Address) *2105 Market St.*

*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

Greenwood

June 27th 1928

20. UNDERTAKER

ADDRESS

A. L. Beal

2726 Lucas

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.

2105 Market - Rush

