

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

Do not use this space.

32093

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... City Registration District No. 1003
 City St. Louis (No. City Hospital #2) St. 1003 File No. 9390
 Registered No. 9390 Ward

2. FULL NAME

(a) Residence. No. 2224 Carr (R) St. 21 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col. 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) April 13, 1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>49</u>	<u>5</u>	<u>2</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Domestic
 (b) General nature of industry, business, or establishment in which employed (or employer).
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ky
 (STATE OR COUNTRY)

10. NAME OF FATHER Wallace Sherwin

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. J. Woodard
 (Address) City Hospital #2

15. FILED SEP 21 1928 Max E. Standert REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-15-1928

17. I HEREBY CERTIFY, That I attended deceased from 9-15-1928 to 9-15-1928, 19 28 that I last saw her alive on 9-15-1928, and that death occurred, on the date stated above, at 5:40 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis

CONTRIBUTORY (SECONDARY) SI
 (duration)..... yrs. 17 mos. ds.

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

DID AN OPERATION PRECEDE DEATH..... DATE OF.....

WAS THERE AN AUTOPSY..... yes

WHAT TEST CONFIRMED DIAGNOSIS..... Post-mortem & X-ray
 (Signed) J. E. Cunningham, M.D.
 , 19 (Address) 2945 S. Gantton

*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 9/21/1928

20. UNDERTAKER Chas. E. Lett's ADDRESS 230 Bell Ave

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.

RECORD WITH OMPRODING INK—THIS IS A PERMANENT RECORD

