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

Do not use this space.
42916

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 1003

City St. Louis Mo. (No. ..... Jewish Hosp. St. ..... Ward)

File No. .....

Registered No. 12186

2. FULL NAME Helen Joyce Black.

(a) Residence. No. 4948 Maydell Ave St., 18 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. 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	

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May, 4, 1928

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
0	7	10	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 108
(b) General nature of industry, business, or establishment in which employed (or employer) 139A
(c) Name of employer 89A

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Roy Black

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

12. MAIDEN NAME OF MOTHER Gladys Mooney

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Couch, Mo.

14. INFORMANT Roy Black
(Address) 4948 Maydell

15. FILED 1 1 192 [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-14 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-22, 1928, to 12-14, 1928, that I last saw h. alive on 12-14-28, 19....., and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cyclo-nephritis
Lobar Pneumonia
Bilateral O Otitis media
1 month (duration) ....yrs. ....mos. ....ds.

CONTRIBUTORY (SECONDARY) NONE (duration) ....yrs. ....mos. ....ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) John A. Rauch M. D.
, 19 (Address) Senior Jewish Hosp.

*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 Couch, Mo.

DATE OF BURIAL 12/15 1928

20. UNDERTAKER [illegible]

ADDRESS 4356 Lindell

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.