

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

Do not use this space.

43013

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City St. Louis (No. City Hospital # 2) St. .... Ward)

File No.....  
 Registered No. **12288**

**2. FULL NAME**

(a) Residence. No. 1221 1/2 Franklin St. 21. Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
<u>abt. 80</u>			<u>?</u>	

**8. OCCUPATION OF DECEASED**

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

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Phillie Unknown

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

14. INFORMANT Anna Woodard  
 (Address) City Hospital # 2

15. FILED DEC 17 1928 John Estrom REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY, That I attended deceased from 12-3-1928 to 12-12-1928 that I last saw him alive on 12-12-1928 and that death occurred, on the date stated above, at 1:15 A. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Uremia & Chronic nephritis  
1317  
930 (duration) 3 yrs. mos. ds.  
1325 Ch. Myocarditis  
 CONTRIBUTORY (SECONDARY) (duration) ..... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED 12-10  
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....  
 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? lab  
 (Signed) T. G. Birmingham M. D.  
 (Address) 2945 Jalton

\*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 Washingtons Park DATE OF BURIAL Dec 17 1928

20. UNDERTAKER Dr. H. Beal ADDRESS 2726  
Spencer

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.

