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

Do not use this space.

3513

File No. 63

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No. #6133 Waterman Ave. St. Ward)

2. FULL NAME Belle Keane Biggers

(a) Residence. No. #6133 Waterman St., Ward 5
(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	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 9th, 1852

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	76.	X	22.	

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

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

PARENTS

10. NAME OF FATHER Timothy Keane
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri.
12. MAIDEN NAME OF MOTHER Susan Williamson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Pennsylvania.

14. INFORMANT Mrs Lawing F. Smith
(Address) #6133 Waterman Ave

15. FILED JAN - 2 1929 Harry C. Hartlett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jany. 1st, 1929.

17. I HEREBY CERTIFY, That I attended deceased from Dec 6, 1928 to Jan 1, 1929 that I last saw h~~er~~ alive on Jan 1, 1929, and that death occurred, on the date stated above, at 4 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arteriosclerosis
97

(duration) yrs. mos. 26 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) yrs. mos. 26 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? Clinical + Laboratory

(Signed) D. McGibbon, M. D.
1/2, 1929 (Address) 4337 Washington Bl

*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 Bellefontaine — DATE OF BURIAL Jany. 3-29.

20. UNDERTAKER C. R. Lupton. ADDRESS #4449 Delmar Street.

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.

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

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1
1
2

4337 Washington