

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

Do not use this space.

4244

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1002  
 City St Louis No. 1553 So 3rd

File No.....  
 Registered No. 870  
 St..... Ward.....

**2. FULL NAME**

(a) Residence. No. 1553 So 3rd St., 23 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widow</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Not known</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>about</u>	<u>90</u>	<u>—</u>	<u>—</u>	<u>—</u>
8. OCCUPATION OF DECEASED				
(a) Trade, profession, or particular kind of work. <u>House Work</u>				
(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) Va

PARENTS	10. NAME OF FATHER <u>Mr Brown</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>
	12. MAIDEN NAME OF MOTHER <u>" "</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>" "</u>

14. INFORMANT Emma Russell  
 (Address) 1553 So 3rd St

15. FILED W. C. Stanley REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1-15-29

17. I HEREBY CERTIFY, That I attended deceased from Jan 15 1929 to Jan 15 1929, that I last saw him alive on Jan 15 1929, and that death occurred, on the date stated above, at 5:30 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Thrombocytosis  
935  
830

(duration) yrs. mos. ds. 6

CONTRIBUTORY (SECONDARY) Prudyn (Hemiplegia)  
 (duration) yrs. mos. ds. 6

18. WHERE WAS DISEASE CONTRACTED? At home

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? W. C. Stanley M. D.  
 (Signed) Jan 18 1929 (Address) 1324 E Broadway

\*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 Father Emerson DATE OF BURIAL 1-19-29

20. UNDERTAKER W. C. Stanley ADDRESS 4202 Junney

K. 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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1321 a. 100-1000 y