

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

Do not use this space.

7844

1. PLACE OF DEATH

County St. Louis
Township Central
City Maplewood (No. 1363)

Registration District No. 786
Primary Registration District No. 4468

File No. _____
Registered No. 17
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 7363 Maplewood St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. 0 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND or (or) WIFE OF Chas W. Britzinger

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 23-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 | 2 | 27

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) Grade Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John C. Bacon

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

12. MAIDEN NAME OF MOTHER Sarah Shepard

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis Mo
(STATE OR COUNTRY)

14. INFORMANT A. Miller
(Address) 7363 Maplewood

15. FILED Feb 21 1929 Mercedes Schuster
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-19 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-19, 1929, to 2-19, 1929
that I last saw her alive on 2-19, 1929, and that death occurred, on the date stated above, at 3:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemiplegia
Myocarditis & arterio-sclerosis
930
820 (duration) ? yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) MOB (duration) — yrs. — mos. — ds.

18. WHERE AND DISEASE CONTRACTED MOB
IF NOT AT PLACE OF DEATH _____

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

WHAT TEST CONFIRMED DIAGNOSIS? neurological
(Signed) Vincent F. Jorgensen, M.D.
2/21, 1929 (Address) 3101² Sutton

*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 Oak Hill DATE OF BURIAL Feb 21 19 29

20. UNDERTAKER Parker Lumber Co ADDRESS Maplewood

M. 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. MAR 27 1929

