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

Do not use this space.

9054

1. PLACE OF DEATH

County ..... Registration District No. (41) 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 2809

City St. Louis, Mo. (No. 5600 Arsenal St. 24th (Ward)

2. FULL NAME Mabel Gay

(a) Residence. No. 314a S. 3rd (rear) St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 4 yrs. 6 mos. 1 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	Colored	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 24, 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	4	6	1	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work none
(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) Missouri

PARENTS

10. NAME OF FATHER James Gay

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

12. MAIDEN NAME OF MOTHER Edith Gay

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

14. INFORMANT L. Kroner
(Address) 5600 Arsenal St.

15. FILED MAR 1 1929 19 Max C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/25 1929

17. I HEREBY CERTIFY, That I attended deceased from 2/22, 1929, to 2/25, 1929, that I last saw her alive on 2/25, 1929, and that death occurred, on the date stated above, at 3:40 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Meningitis, Meningococcic.

1a (duration) ..... yrs. ..... mos. 10+ ds.

CONTRIBUTORY (SECONDARY) 24

(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1314a S. 3d St. (Rear)

(1) DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? (1) Culture

(Signed) [illegible], M.D.

Feb. 19 29 (Address) 5600 Arsenal St.

*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 Washington Park — DATE OF BURIAL March 4th 1929

20. UNDERTAKER A. L. Beal Und Co — ADDRESS 2726 Lucas Ave

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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