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

Do not use this space.

12171

1929

1. PLACE OF DEATH

County ..... Registration District No. 189

Township ..... Primary Registration District No. 6033

City St Louis Mo (No. 6208 Gambleton Av St. ..... Ward)

File No. ~~[illegible]~~

Registered No. 101

2. FULL NAME Pansy M. DeRycke

(a) Residence. No. ..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 28th 1902

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	27	1	3	

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

235

9. BIRTHPLACE (CITY OR TOWN) Xenia
(STATE OR COUNTRY) Ills

2

PARENTS

10. NAME OF FATHER Nelson C. Leathers

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

2

12. MAIDEN NAME OF MOTHER Addie Morris

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

2

14. INFORMANT Frank DeRycke
(Address) 6208 Gambleton Av

15. FILED 3/1 1929 Rolla Bracy M.D. REGISTRAR
3/29

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 28 1929

17. I HEREBY CERTIFY, That I attended deceased from 9 am Mch 28, 1929, to 6 P.M. 1929 that I last saw her alive on 6 P.M. Mch 28, 1929, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 177

Ptomaine poisoning from canned salmon & bananas,

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

CONTRIBUTORY (SECONDARY) As above

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

175

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? Vomiting, dauber, heart

(Signed) V. Silburn Lloyd, M. D.

3/29, 1929 (Address) 6104 N. Broadway

6104 N-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	DATE OF BURIAL
Xenia Ills	March 29 1929

20. UNDERTAKER	ADDRESS
Math Herman & Son	2161 E Fair Av

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.