

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

Do not use this space.

12468

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St Louis (No. 4347) Cote Brillante ave. St. \_\_\_\_\_ Ward)

File No. ....  
Registered No. 2990

2. FULL NAME

(a) Residence. No. 4347 Cote Brillante 11 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
abt 47

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife  
(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) Tennessee

10. NAME OF FATHER John Hayes

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

12. MAIDEN NAME OF MOTHER Mary Blue

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

14. INFORMANT George McKeever  
(Address) 4347 Cote Brillante

15. FILED MAR - 10 1929 W. C. Starkley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 7<sup>th</sup> 1929

17. I HEREBY CERTIFY, That I attended deceased from 2-13 to 3-7-29, 1929  
that I last saw her... alive on 3/6/29, 1929, and that death occurred, on the date stated above, at 10:30 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Mitral Regurgitation with Cardiac Insufficiency  
(duration) 1 yrs. 1 mo. 1 ds.

CONTRIBUTORY (SECONDARY) 90A  
(duration) 1 yrs. 1 mo. 1 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 Ph. ex. ex. an  
(Signed) J. A. Gaillet M. D.  
, 19 (Address) 3200 Uca ave

\*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 Greenwood DATE OF BURIAL 3/10 1929

20. UNDERTAKER C. W. Roberts and Co ADDRESS 3035 Lucasave

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

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.

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