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

Do not use this space.

13360

File No. 13360

Registered No. 2933

1. PLACE OF DEATH

County: St. Louis

Township:

City: St. Louis (No. 3325 Lucas St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Hazel Monroe

(a) Residence. No. 3325 Lucas St., 21 Ward.
(Usual place of abode)

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.

(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	Colored	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 9 1909

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
20	—	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stenographer
(b) General nature of industry, business, or establishment in which employed (or employer): Typist
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Shelbina
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Alonzo Robinson

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

12. MAIDEN NAME OF MOTHER Ursula Humphrey

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

14. INFORMANT Mattie Ward.
(Address) 3325 Lucas ave

15. Filed 1 1929, 19 Mary C Boardley
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30-1929

17. I HEREBY CERTIFY, That I attended deceased from 3-7-, 1929 to 3-30-, 1929 that I last saw her alive on 3-30-, 1929 and that death occurred, on the date stated above, at 3-8 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Double Lobar Pneumonia
10 10 (duration) yrs. 26 ds.

CONTRIBUTORY (SECONDARY) exposure
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) O. W. Johnson, M. D.
4-1-, 1929 (Address) 4039a Finney

*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: Calvary Cemetery — DATE OF BURIAL: April 2 1929

20. UNDERTAKER: Manuel Mort. Co — ADDRESS: 4059 Finney

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.

PERMANENT RECORD