

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

Do not use this space.

26107

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791

Primary Registration District No. 1003

(No. Mo. Rept. Sanitarium)

File No.

Registered No. 7302

St. Ward)

2. FULL NAME

Angelica Yestman Carr
(a) Residence. No. 622 St. 12 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

Alfred Carr

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

12-4-1842

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

86

7

7

8. OCCUPATION OF DECEASED

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

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

At home

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

James E. Yestman

Not Known

Angelica C. Thompson

not Known

14.

INFORMANT

(Address)

Mrs. P. Carr
622 Vandeventer

15.

FILED

19

May 1 1929
REGISTERAR

MEDICAL CERTIFICATE OF DEATH

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

July 11 1929

17.

I HEREBY CERTIFY, That I attended deceased from June 27, 1929, to July 11, 1929, that I last saw her alive on July 11, 1929, and that death occurred, on the date stated above, at 5 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ulcer Stomach

1929

1929

(duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY)

Smoking

(duration) yrs. mos. da.

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?

(Signed) A. R. Kieffer, M. D.

July 12, 1929 (Address) 4480 Westminster

*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

Bellefontaine

7-13-1929

20. UNDERTAKER

ADDRESS

Wagoner

3621 Ohio

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.

Dr G. R. Kieffer