

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

Do not use this space.

42914

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003
(No. 4518 Garfield Avenue)

File No.....
Registered No. 12712
St. Ward

2. FULL NAME Susan Hampton

(a) Residence No. 4518 Garfield Avenue St. 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 25, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 0 1

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Danville
(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Frank Sharp

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mary Bassett
(Address) 4518 Garfield Avenue

15. FILED 30 1929 Leif C. Hartley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 10-26-1929

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1929, to Dec 26, 1929 that I last saw h. w. alive on Dec 26, 1929, and that death occurred, on the date stated above, at S. A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS

Heartal Insufficiency
9 2/3 (duration) 2 yrs. mos. ds.

CONTRIBUTOR (SECONDARY) DM (duration) yrs. mos. 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 (Signed) Chas E. St. James, M. D.

1430, 1929 (Address) 4222 E. 25th

*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 12-30 1929

20. UNDERTAKER Gates Funeral Home ADDRESS 4109 Linney

K. 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.

