

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

Do not use this space.

42973

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis**

(No. **City of St. Louis**)

File No. ....

Registered No. **12777**

St. ....

Ward) ....

**2. FULL NAME**

(a) Residence. No. **1076 Allen St.** **23** Ward.

Length of residence in city or town where death occurred **9** 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 **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Angus M. Davies**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 16 1857**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
**77 1 12**

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) (STATE OR COUNTRY) **New Hampshire**

10. NAME OF FATHER **Do not know**

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

12. MAIDEN NAME OF MOTHER **Do not know**

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

14. INFORMANT **Dr. Marshall**  
(Address) **City of St. Louis**

15. FILED **L-0 31 1929** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

17. I HEREBY CERTIFY That I attended deceased from **Dec 27 1929** to **Dec 28 1929** that I last saw him alive on **Dec 28 1929** and that death occurred, on the date stated above, at **4 45 p.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Cerebral Hemorrhage (Left)**

(duration) ..... yrs. mos. **2** ds.

CONTRIBUTORY **General arterio-sclerosis**

(SECONDARY) (duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH **1016 2 Allen St**

DID AN OPERATION PRECEDE DEATH? **no** DATE OF .....

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **Wey Traubner, M.D.**

**12/29, 1929** (Address) **City of St. Louis**

\*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

**St. Hope Cem. Belleville** **11/2 1930**

20. UNDERTAKER ADDRESS

**9 Ellis St. Belleville**

WRITE PAINLY, 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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Jane