

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

Do not use this space.

43048

1. PLACE OF DEATH

County..... Registration District No. 75
Township..... Primary Registration District No. 2003
City St. Louis No. 4483 W Bell St. 11 Ward 11

File No.
Registered No. 70
St. Ward

2. FULL NAME

(a) Residence. No. 4483 W Bell St. 11 Ward. (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 Simon Casey
6. DATE OF BIRTH (MONTH, DAY AND YEAR) not known
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 31 4 — —

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Handwork
(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) Mo.

10. NAME OF FATHER J. Simon
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) not known
12. MAIDEN NAME OF MOTHER Catherine Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) not known

14. INFORMANT Simon Casey
(Address) 4483 W Bell

15. FILED 1930 Dec 29 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-29-1929
17. I HEREBY CERTIFY, That I attended deceased from Nov 8, 1929, to Dec 29, 1929 that I last saw her alive on Dec 28, 1929, and that death occurred, on the date stated above, at 5:30 A.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cortic Regurgitation
131
92%

CONTRIBUTORY (SECONDARY) Nephritis (Ch) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 129 W (duration) yrs. mos. ds.

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Physiocal
(Signed) E. J. D. Ryan, M. D.
Dec. 1929 (Address) 1446 Grand

*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 Cape Guardian DATE OF BURIAL 1930

20. UNDERTAKER W. S. Wade ADDRESS 4202

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.

235
1
31

