

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

Do not use this space.

3407

~~3194~~
28318

1. PLACE OF DEATH

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

Registration District No. 791
Primary Registration District No. 1003
(No. St. Lukes Hospital)

File No.....
Registered No. 905
St. Ward)

2. FULL NAME LOUISA A. SINGLETON

(a) Residence. No. 1415 Arlington Ave. St. 6 Ward.

Length of residence in city or town where death occurred 70 yrs. 1 mos. 21 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 6, 1859

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
70	1	21	

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Alonzo D. Fassett

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

12. MAIDEN NAME OF MOTHER Jane Gray

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Buffalo, N.Y.
(STATE OR COUNTRY)

14. INFORMANT Clement L. Singleton
(Address) 25-19 Bellevue

15. FILED NOV 28 1930 Wm C Starckoff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 27, 1930¹⁹

17. I HEREBY CERTIFY, That I attended deceased on Sept 29, 1929, to Jan 27, 1930, that I last saw him alive on Jan 27, 1930, and that death occurred, on the date stated above, at 12.05 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

186 Acute pyelonephritis
1948
1237

(duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) Fracture R. hip
falling to floor
(duration) yrs. mos. 13 ds.

18. WHERE WAS DISEASE CONTRACTED Accident

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? NO DATE OF OPERATION 1/20
WAS TEST CONFIRMED DIAGNOSIS? NO
(Signed) Anthony B. Day, M.D.
1-25, 1930 (Address) 1017 Beaumont Bldg.

*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**

Bellefontain Cemetery Jan. 29 1930

20. UNDERTAKER **ADDRESS**
Alexander & Sons 6175 Delmar

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.

2-1-2350

Handwritten text at the top of the page, possibly a title or header, including the word "History".