

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

Do not use this space.

10210

1. PLACE OF DEATH

County St. Louis Registration District No. 1170
 Parish Richmond Sts. Primary Registration District No. 6248H
 City St. Louis St. Marys Hospital

File No.
 Registered No. 551
 St. Ward)

2. FULL NAME

(a) Residence No. 2714 A Gravois St., Ward. St. Louis, Mo
 (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 White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 6 1892

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>37</u>	<u>3</u>	<u>4</u>		

8. OCCUPATION OF DECEASED Housewife
 (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

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

10. NAME OF FATHER C. N. Garrett

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

12. MAIDEN NAME OF MOTHER Anna Linton

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

14. INFORMANT Chas. F. Day
 (Address) 2714 A Gravois

15. FILED 3/10 1930 L. B. Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 10 1930

17. I HEREBY CERTIFY, That I attended deceased from Mar 22 1930 to March 9 1930 that I last saw h. alive on March 9 1930, and that death occurred, on the date stated above, at 7 a. m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
1228
1330
12 Artusception
Multiple abscesses in lungs and pleurae, mos. 12
 CONTRIBUTORY (SECONDARY) Chronic Peritonitis and acute Endocarditis, yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH
 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Feb 26/30

WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Almy Hutton M. D.
710 . 1930 (address) Westport Mo

*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 Calvary C. DATE OF BURIAL March 13 1930

20. UNDERTAKER H. G. Loken & Co ADDRESS 2629 Gravois

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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Requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate:

Name: Eva E. Day
Who died at: St. Louis, Mo. on Mar. 10, 1930,

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex: _____ Color or race: _____ Single, married, widowed or divorced: _____

Date of birth: _____ Age: Years _____ Months _____ Days _____

Occupation: (a) Trade _____ (b) Industry: _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

SWP 11801

CAUSE OF DEATH: Intussusception, Multiple Abscesses in lungs and kidneys Pelvic Peritonitis and endocarditis
Contributory: Not a purplae case

Where was disease contracted? _____

Did operation precede death? _____ Date of _____

S-10210