

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

Do not use this space.

11192

1. PLACE OF DEATH

County..... Registration District No. 70
Township..... Primary Registration District No. 1005
City St. Louis, mo (No. City Hospital #2)

File No.....
Registered No. 3138
St..... Ward.....

2. FULL NAME

(a) Residence. No. 2314 Carr St. 01 Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 46 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 col.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-1-1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
53 - 21

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Tenn.

PARENTS
10. NAME OF FATHER Jake Stevenson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.
12. MAIDEN NAME OF MOTHER unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) unknown

14. INFORMANT A. G. Hyde Creath
(Address) City Hosp #2

15. FILED 21 19 19
W. C. Hubler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/22/1930
17. I HEREBY CERTIFY, That I attended deceased from 3-19-1930 to 3-22-1930 that I last saw her alive on 3-22-1930 and that death occurred, on the date stated above, at 10:24 P.M.
THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
93c
(duration) - yrs. - mos. - ds. 6
CONTRIBUTORY (SECONDARY) None
(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 Clinical
(Signed) A. G. Hale M. D.

3/24/1930 (Address) City Hospital #2

*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 3/31 1930.

20. UNDERTAKER Peoples Und. Co. ADDRESS 3100 Franklin

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.

