

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

Do not use this space.

12579
1498

1. PLACE OF DEATH

County Jackson
Township Waverly
City St. Louis

Registration District No. 300
Primary Registration District No. 16th St

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1914 E. 16th St. Ward 2
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

Negro

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Single

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

Single

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

Sept. 20 - 27

7. AGE

YEARS	MONTHS	DAY	IF LESS than 1 day, hrs. or min.
2	6	14	

8. OCCUPATION OF DECEASED

- (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

Baby

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Louise City Mo

10. NAME OF FATHER

Denise Riley

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Monroe La

12. MAIDEN NAME OF MOTHER

Marie Augustus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Monroe La

14. INFORMANT (Address)

Denise Riley
1914 E. 16th St

15. FILED

4/5 30 M. M. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 4th 1930

17. I HEREBY CERTIFY, That I attended deceased from Apr 1st 1930 **to** Apr 4th 1930 **that I last saw her alive on** Apr 4th 1930 **and that death occurred, on the date stated above, at** 10:30 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Polar Pneumonia
108

CONTRIBUTORY (SECONDARY)

LOW

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DEATH? (Signed) B. Suggenheim M. D.

*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 Blue Ridge Lawn **DATE OF BURIAL** 4-10 1930

20. UNDERTAKER Wm. W. Fickler **ADDRESS** 1712 Vin

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.

STATE DEPARTMENT, WITH ENLARGING INSTRUMENTS IS A PERMANENT RECORD

