

MAY 28 1930

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

Do not use this space.

13922

## 1. PLACE OF DEATH

County.....St. Louis  
Township.....Carondelet  
City.....Koch

Registration District No. 1123  
Primary Registration District No. 6248 B  
(No. Koch Hospital)

File No. ....  
Registered No. 117  
St. .... Ward)

2. FULL NAME Whitaker, Elsie (or Etta)

(a) Residence. No. 4547 McMillan St., ..... Ward.  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 4 mos. 12 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*) Divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 1 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
20 5 12

## 8. OCCUPATION OF DECEASED

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

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

PARENTS

10. NAME OF FATHER John Ward  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)  
12. MAIDEN NAME OF MOTHER Minnie Owens  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Missouri  
(STATE OR COUNTRY)

14. INFORMANT. Robert Koch Hospital  
(Address) Koch Ho

15. FILED 4/16 19 30 L. C. Obrock, M. D.  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 13 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec. 1 1928, to April 13, 1930 that I last saw h. ER alive on April 13 1930 and that death occurred, on the date stated above, at 12 Noon m.

## THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary Tuberculosis

23A  
About ..... (duration) 2 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Unknown  
(duration) ..... yrs. .... mos. .... ds.

## 18. WHERE DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Unknown

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WHAT TEST CONFIRMED DIAGNOSIS? Ray & Sputum

(Signed) R. L. Charlich, M. D.

4/16/30 (Address) Koch Hosp

\*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

A. Mathews April 19 30

20. UNDERTAKER

Frost and Co

ADDRESS

37107 Grand

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.

