

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

Do not use this space.

14354

**1. PLACE OF DEATH**

County..... Registration District No. **791**

Township..... Primary Registration District No. **1003**

City **St. Louis** (No. **City 1000**)

File No. ....

Registered No. **3695**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **1127 1/2 Chestnut** St., **25** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **2** 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 16 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**43** **27**

8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work. **Housewife**  
(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) **England**

10. NAME OF FATHER **James Hepworth**

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

12. MAIDEN NAME OF MOTHER **Paul Dalby**

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

14. INFORMANT (Address) **Carl H. Hays**

15. FILED **APR 23 1930** **Max C. Starke** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **April 17 1930**

17. I HEREBY CERTIFY, That I attended deceased from **March 29, 1930**, to **April 17, 1930** that I last saw him alive on **April 17, 1930**, and that death occurred, on the date stated above, at **10:05 a.m.**

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

**Chronic Myocarditis with Recompensation**  
**930** (duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS? **Clinical**

(Signed) **Carl H. Hays**, 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 DATE OF BURIAL

**M. Mathews Cem.** **4-14 1930**

20. UNDERTAKER ADDRESS

**Witt Bros. & Co 2924 S. Jefferson**

K. 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.

WHILE LIVING, WITH ONFADING IMPRINTS IS A PERMANENT RECORD

Desk.