

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

Do not use this space.

20036
25338

1. PLACE OF DEATH

County St. Louis
Township Central
City First Town Mo. 3718

Registration District No. 789
Primary Registration District No. 6033B
Jennings Rd

File No. _____
Registered No. 167
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 1225 Surcell St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 7 1930

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

17. I HEREBY CERTIFY, That I attended deceased from October 15, 1928 to June 7, 1930 that I last saw her alive on June 7, 1930 and that death occurred, on the date stated above, at 1 P.M.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 17 1889

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS 40 9 20 If LESS than 1 day, hrs. or min.

Chr Int Nephritis
chr aortic insufficiency (decompensated)
92A
95B
132A (duration) yrs. mos. da.
CONTRIBUTORY Uremia - Black Heart -
(SECONDARY) Uremia - Convulsions
(duration) yrs. mos. da. 21

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

18. WHERE WAS DISEASE CONTRACTED

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

IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Frank De Bord

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Luke B. Pierson, M. D.

12. MAIDEN NAME OF MOTHER Don't know

6/7 1930 (Address) 3718 Jennings

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

*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.

14. INFORMANT Robert Amos
(Address) 1225 Surcell Ave

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Valhalla Cem. DATE OF BURIAL June 9, 1930.

15. FILED 6/18 1930 Gella Bracy M.D. REGISTRAR

20. UNDERTAKER Jos. W. Clark ADDRESS 1125

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.

