

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

Do not use this space.

21158

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File No. \_\_\_\_\_  
Registered No. **6018**  
St. \_\_\_\_\_ Ward)

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City **St. Louis Mo.** (No. **1642 Helen St.**)

**2. FULL NAME**

(a) Residence. No. **1642 Helen St.** St. **26** Ward.

(If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

**3. SEX**

*Female*

**4. COLOR OR RACE**

*White*

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

*Widow*

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

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

*April 4 = 1867*

**7. AGE**

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<i>63.</i>	<i>2</i>	<i>17.</i>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. *House work*

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN)**

*Osage Co. Mo.*

(STATE OR COUNTRY)

**10. NAME OF FATHER**

*Dont know.*

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**12. MAIDEN NAME OF MOTHER**

*Dont know*

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

**14. INFORMANT**

*Harvey Nichols*  
(Address) *1642 Helen St.*

**15. FILED**

*21 1933*  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

*June 21<sup>st</sup> 1930*

**17. I HEREBY CERTIFY, That I attended deceased from**

*June 14 1930 to June 21 1930*  
that I last saw him alive on *June 20 1930*, and that death occurred, on the date stated above, at *7 A. m.*

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

*824*  
*97 cerebral hemorrhage*

(duration) yrs. mos. ds. *7*

**CONTRIBUTORY (SECONDARY)**

*arterio-sclerosis*

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTACTED**

IF NOT AT PLACE OF DEATH

**DID AN OPERATION PRECEDE DEATH?**

WAS THERE AN AUTOPSY?

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) *D. A. Thomas*, M. D.

*June 21 1930* (Address) *D. A. Thomas*

\*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**

*Rolla Mo.*

**DATE OF BURIAL**

*June 21 1930*

**20. UNDERTAKER**

*Aug Brockland & Co.*

**ADDRESS**

*1421 N. 9<sup>th</sup> St.*

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.

