

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

Do not use this space.

24199

1. PLACE OF DEATH

County St. Louis Registration District No. 2123
 Township Carrondolet Primary Registration District No. 8240 E
 City St. Louis (No. _____) St. _____ (Ward _____)

File No. _____

Registered No. 923

2. FULL NAME

(a) Residence. No. 230 W. Repa 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elmer E. Wilson</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Apr 9 - 1872</u>		
7. AGE YEARS <u>58</u>	MONTHS <u>3</u>	DAYS If LESS than 1 day, _____ hrs. or _____ min.
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer) (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) St. Louis MO
 (STATE OR COUNTRY)

PARENTS	10. NAME OF FATHER <u>Not known</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>
	12. MAIDEN NAME OF MOTHER <u>Not known</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>

14. INFORMANT Elmer E. Wilson
 (Address) 230 W. Repa

15. FILED 7/12/30 L. C. Obrock, Jr.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1930
 17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic myocarditis
936
97 (duration) yrs. mos. ds.
 CONTRIBUTORY arteriosclerosis
 (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH Not known
 DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Medical history
 (Signed) John C. Russell M. D.
7/11 1930 (Address) 1000 S. Olive St. St. Louis

*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 <u>St. Wafre Ave</u>	DATE OF BURIAL <u>July 12/30</u>
20. UNDERTAKER <u>Vanelli & Kelle</u>	ADDRESS <u>7874 Moche</u>

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.

