

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

28743

1. PLACE OF DEATH

County..... Register District No. **791**
 Township..... Precinct Registration District No. **1053**
 City **St. Louis** (No. **Peoples Ave**)
 File No. Registered No. **8664**
 St. Ward)

2. FULL NAME

(a) Residence. No. **4111-A. Sunlight** St. **11** 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
 4. COLOR OR RACE
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Female Colored widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *Aug 25th 1888*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 — 5

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) *Springfield, Ohio*
 (STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER *Nora W. Carter*

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

12. MAIDEN NAME OF MOTHER *Amanda Hilton*

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

14. INFORMANT *Henrietta Carter*
 (Address) *5933 Michigan Ave*

15. FILED **SEP -2 1931** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Aug 30th 1930*

17. I HEREBY CERTIFY, That I attended deceased from *8:30*, 19 *30*, to *8:30*, 19 *30*, and that I last saw her alive on *8:30*, 19 *30*, and that death occurred, on the date stated above, at *12:30 p.m.*

THE CAUSE OF DEATH* WAS AS FOLLOWS:

121 chronic nephritis

CONTRIBUTORY (SECONDARY) *MI*

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF.....

20. WAS THERE AN AUTOPSY? *no*

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) *Wm. Buller Zuehlke, M.D.*, 19 (Address) *919 1/2 N. 7th St*

*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 *Chicago, Ill* DATE OF BURIAL *9/30 1930*

20. UNDERTAKER *R. P. Houston* ADDRESS *2812 Thomey 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.

Handwritten text at the top right corner, possibly a name or title, which is mostly illegible due to blurring and high contrast.