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

Do not use this space.

40667

1. PLACE OF DEATH
County: St Louis
Township: Carondelet
City: (No. WW. St Rose St. Ward)

Registration District No. 1123
Primary Registration District No. 6248 5

File No. 411
Registered No.

2. FULL NAME Mrs. Gertrude Barron Zessin
(a) Residence. No. 101 E. 24th St. St. Ward. Little Rock, Ark.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 36 yrs. 3 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. ~~If Married, Widowed, or Divorced~~ ~~Husband of~~ (OR) WIFE OF: Earl A. Zessin

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 18, 1894

7. AGE 36 YEARS 8 MONTHS 26 DAYS If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DEECEASED
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) Irondale, Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Felix Barron
11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Orleans
(STATE OR COUNTRY) La.
12. MAIDEN NAME OF MOTHER Miss Virginia Frances
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Ball
(Address) Little Rock, Ark.

15. FILED Jan. 15, 1930 L. C. Obrock REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 14, 1930

17. I HEREBY CERTIFY, That I attended deceased from 8-23, 1930, to 12-14, 1930 that I last saw her alive on 12-14, 1930 and that death occurred, on the date stated above, at 10 30 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A
(duration) 2 yrs. mos. ds.

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

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

O DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Symptoms
(Signed) Charles H. Eblen, M. D.
, 19 (Address) per W. H. Holmes

*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: Valhalla Mem. — DATE OF BURIAL: 12-16 1930

20. UNDERTAKER: Alexander & Son — ADDRESS: 6735 Delmar

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.