

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

Do not use this space.

41484

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

File No. ....

Registered No. **12171**

St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **1029<sup>0</sup> Morrison St., 22** Ward: **(R. 40)**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred/ **2** 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) **married**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **April 7 - 1911**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>19</b>	<b>8</b>	<b>30</b>	

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

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

10. NAME OF FATHER **Lorraine Lora**

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

12. MAIDEN NAME OF MOTHER **Mary Boies**

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

14. INFORMANT (Address) **City Hospital**

15. FILED **29 1933** **May C. Starkley** REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 27 30**

17. I HEREBY CERTIFY, That I attended deceased from **Dec 23**, 19**30**, at **St. Louis, Mo.** and that I last saw her alive on **Dec 27**, 19**30**, and that death occurred, on the date stated above, at **5:20 p.m.**

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

**Purpural Sepsis**  
**145A**  
**36** (duration) yrs. mos. ds.  
CONTRIBUTORY (SECONDARY) **Streptococcus septicemia** (duration) yrs. mos. **4** ds.

18. WHERE WAS DISEASE CONTRACTED **1029 Morrison St. home**  
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? **No** DATE OF  
WAS THERE AN AUTOPSY? **No**  
WHAT TEST CONFIRMED DIAGNOSIS? **Clinical & laboratory**  
(Signed) **George Thompson**, M. D.  
**128. St. Louis** (Address) **City Hospital**

\*State the DISEASE CAUSING DEATH, for 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 **St. Paul's Cemetery** DATE OF BURIAL **Dec 30 - 1930**

20. UNDERTAKER **John G. Stock** ADDRESS **Fentons**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

Two.