

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

Do not use this space.

2626

**1. PLACE OF DEATH**

County St. Charles Registration District No. 757  
 Township \_\_\_\_\_ Primary Registration District No. 3036  
 City St. Charles (No. 233, Montgomery) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
 Registered No. 13  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Jacqueline Deray  
 (a) Residence, No. 233 Montgomery 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 17<sup>th</sup> 1919</u>		
7. AGE	YEARS	MONTHS
		<u>2</u>
		<u>10</u>
		If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) St. Charles  
 (STATE OR COUNTRY) Mo

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown  
 (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Glady's Deray

16. BIRTHPLACE (CITY OR TOWN) St. Charles  
 (STATE OR COUNTRY) Mo

17. INFORMANT Mrs. J. Dowell  
 (ADDRESS) 233 Montgomery St

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE St. Charles Barronick DATE July 28<sup>th</sup> 1931

19. UNDERTAKER H. H. Williams  
 (ADDRESS) 800 So. 2<sup>nd</sup> St. St. Charles Mo

20. FILED 1/28 19 31 Hy. E. Blochman  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 27 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
Edward Brady  
 I last saw h. \_\_\_\_\_ alive on Jan 27 31 Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.

The principal cause of death and related causes of importance were as follows:  
Bronchial pneumonia Date of onset \_\_\_\_\_  
119  
119  
 Other contributory causes of importance  
Coronary

23. Name of operation \_\_\_\_\_ Date \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.  
 Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease of injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_  
 (Signed) Ed. Brady \_\_\_\_\_ M. D.  
 (Address) St. Charles Mo

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.

FEB 1 1931

