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

Do not use this space.

7307

**1. PLACE OF DEATH**

County ..... Registration District No. 791 File No. 7307

Township S. Louis Mo Primary Registration District No. 1003 Registered No. 1618

City: St Louis Mo (No. City Hosp #2 St. ..... Ward)

**2. FULL NAME** Emma Lavish (Parrish)

(a) Residence. No. 4146 Papin St., 18 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 | Col | widow |

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown

| 7. AGE | YEARS | MONTHS | DAYS | If LESS than 1 day, ..... hrs. or ..... min. |
|---|---|---|---|---|
| | abt 48 | — | - | |

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laundress
(b) General nature of industry, business, or establishment in which employed (or employer) 237
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Oscar Hicks

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) S.C.

12. MAIDEN NAME OF MOTHER Ellen Andrews

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

14. INFORMANT A. Gertrude Creath
(Address) City Hosp #2

15. FILED FEB -8 1931, 19 Max C Starkey REGISTRAR

**3. MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-3 1931

17. I HEREBY CERTIFY, That I attended deceased from 1/27, 1931, to 2/3, 1931, that I last saw her alive on 2/3, 1931, and that death occurred, on the date stated above, at 3:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Generalized Peritonitis
117B
1 Vg (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Ruptured Duodenal Ulcer (duration) yrs. mos. 7 ds.

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

DID AN OPERATION PRECEDE DEATH? yes DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H H Calters, M. D.

2/3, 1931 (Address) Hosp #2

*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 Greenwood DATE OF BURIAL 2/8 1931

20. UNDERTAKER A. Russell and Co ADDRESS 2732 Lime 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.