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

Do not use this space.

8148

File No. 2523

Registered No.

1. PLACE OF DEATH

County

Township

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

Registration District No. 791 1003

Primary Registration District No.

2. FULL NAME Sieathun Shotwell

(a) Residence. No. 2615 R. Hogan St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-24-1892

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	38	7	22	

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) Mo

PARENTS

10. NAME OF FATHER Geo Napper

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

12. MAIDEN NAME OF MOTHER Clara Dawson

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

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

15. FEB 25 1931 Filed Guy C Fardel Registrar

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from 2-9, 1931, to 2-16, 1931 that I last saw he alive on 2-15, 1931 and that death occurred, on the date stated above, at 12 20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 548 Bronchio-Pneumonia

10 D (duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) Uterine Fibroid (Benign) (duration) 14 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH Yes DATE OF Hysterectomy 2-12-31

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H H Heulter, M. D.

2/16, 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 St Louis — DATE OF BURIAL 2/23 1931

20. UNDERTAKER V. Richter 3500 — ADDRESS Carlyle

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.