

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791
1003

Township.....

Primary Registration District No.

City St. Louis Mo. (No.)

Sanitarium

File No. 12311
Registered No. 3575
St. Ward)

2. FULL NAME

Louise Rice

(a) Residence. No. 4564 Cottage Ave. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 32 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widow
Feb 17 - 1868

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 12 1855

7. AGE 62 YEARS MONTHS 6 DAYS 2 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) 235
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Dixon Kentucky
(STATE OR COUNTRY)

10. NAME OF FATHER Garlin Cosby

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

12. MAIDEN NAME OF MOTHER Sarah Brooks

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

14. INFORMANT J. H. Verneuil M.D.
(Address) 5400 Cassinal St.

15. FILED 20 19 31 REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 30 19 1931

17. I HEREBY CERTIFY, That I attended deceased from July 1 1930, to May 19 1931 that I last saw her alive on March 18 1931, and that death occurred, on the date stated above, at 8:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Cardiac Dilatation
936

CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) 1 yrs. 5 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? At 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? Lgt + Clinical
(Signed) J. H. Verneuil, M. D.

3-19-1931 (Address) 5400 Cassinal St.

*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 Washington Park Bur DATE OF BURIAL 3-23 1931

20. UNDERTAKER Walter and Son 2769 Chouteau ADDRESS ave

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

PARENTS

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.

