

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

Do not use this space.

16316

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **3003**) **Tennessee** St. Ward)

2. FULL NAME

(a) Residence No. **3003 Tennessee** 15 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **4/24 1931**
 17. I HEREBY CERTIFY, That I attended deceased from **4/16**
, 19 **4/21/31**, 19 **31**
 that I last saw her alive on **4/21/31**, 19, and that death occurred, on the date stated above, at **6 A.**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **March 22 1906**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,, hrs. or, min.
5 - 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Child**
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

THE CAUSE OF DEATH* WAS AS FOLLOWS:
acute myocarditis
 (duration) yrs. mos. **1** ds.

CONTRIBUTORY (SECONDARY)

scarlet fever (duration) yrs. mos. **6** ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **no** DATE OF **7/21/31**

WAS THERE AN AUTOPSY? **no**

WHAT TEST CONFIRMED DIAGNOSIS **Clinical physician & toxicology**
 (Signed) **W. H. Walters**, M. D.

(Address) **520 1va**

*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.

9. BIRTHPLACE (CITY OR TOWN) **St. Louis**
 (STATE OR COUNTRY)

10. NAME OF FATHER **Leo Harsy**

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

12. MAIDEN NAME OF MOTHER **Viola Delcourt**

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

14. INFORMANT **Leo Harsy**
 (Address) **5003 Tennessee**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Waterloo Ill.** DATE OF BURIAL **April 23 1931**

15. FILED **22 1931** **W. C. Starbuck**
 REGISTRAR

20. UNDERTAKER **Starbuck and Co.** ADDRESS **3401 S. Grand**

5281
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