

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

Do not use this space.

23130

1. PLACE OF DEATH

County..... Registration District No. 282
Township..... Primary Registration District No. 10003
City St. Louis (No. City Hosp #1)

File No.....
Registered No. 6587
St..... Ward)

2. FULL NAME

(a) Residence. No. 305 Carroll St., 23 Ward.....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 70 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 14 1856

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
75 1 15

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) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Barney Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. HOSPITAL INFORMATION (Address) City Hospital

15. FILED IN 15 1931 W. C. VICKERS REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 13 1931

17. I HEREBY CERTIFY, That I attended deceased from May 27, 1931, to June 13, 1931 that I last saw her alive on June 13, 1931, and that death occurred, on the date stated above, at 9:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral thrombosis of the valve
49B (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) 49 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? refused

WHAT TEST CONFIRMED DIAGNOSIS Plumets Laboratory
(Signed) W. Excherman M. D.

6/13, 1931 (Address) City Hospital

*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 DATE OF BURIAL

New St. Marcus Jan 16 1931

20. UNDERTAKER (ADDRESS) Wacker Keldale 2331 So. Broadway

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.

