

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

Do not use this space.

23689

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1003**  
 City **St. Louis,** (No. **#5460 Delmar Blvd.**) Registered No. **7209**  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. **#5460 Delmar Blvd. 5**  
 (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**

3. SEX <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Nov, ? 1857</i>			
7. AGE YEARS <i>abh 73</i>	MONTHS <i>Unknown</i>	DAYS <i>Unknown</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>New York State</i>			
FATHER	13. NAME <i>Unknown Wilson</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
MOTHER	15. MAIDEN NAME <i>Unknown</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
17. INFORMANT <i>Miss Elise Beck</i> (ADDRESS) <i>#5460 Delmar Blvd.</i>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Valhalla Crem.</i> DATE <i>6-30-1931</i>			
19. UNDERTAKER <i>R.P. Epton</i> (ADDRESS) <i>#4449 Olive St.</i>			
20. FILED <i>6-30-1931</i> <i>W.C. Anderson</i> Registrar.			

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-29-1931*

22. I HEREBY CERTIFY That I attended deceased from *June 23*, 1931, to *June 27*, 1931.  
 I last saw h. alive on *June 27*, 1931. Death is said to have occurred on the date stated above, at *8 A.M.*  
 The principal cause of death and related causes of importance were as follows:  
*arterio-sclerosis  
 mitral stenosis  
 slight paralysis*

Date of onset *2*

Other contributory causes of importance:  
*92A  
 92B  
 92C*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. \_\_\_\_\_

Manner of injury \_\_\_\_\_  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
 If so, specify *Francis L. Bishop*, M. D.  
 (Signed) \_\_\_\_\_ (Address) *4242 Washington*

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.

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