

**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**

Township.....

Primary Registration District No. **1003**

City **St. Louis** (No. **City Hospital**)

26445

File No.

Registered No. **7595**

5848

2. FULL NAME

(a) Residence, No. **1516^a Warren St.** **26** Ward.

Length of residence in city or town where death occurred **5** yrs. **0** mos. **0** ds.

(If nonresident, give city or town and State)

How long in U. S., if of foreign birth? **0** yrs. **0** mos. **0** ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 7 - 1904**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	27	2	28	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**

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) **Missouri**

13. NAME **Walter Shaw**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Canada**

15. MAIDEN NAME **Anna Fromme**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Hospital Information**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Salvatory** DATE **July 8** 19**31**

19. UNDERTAKER (ADDRESS) **Wm. Leidner and Co**

20. FILED **11-7-31** **City Hospital** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 5th, 1931**

22. I HEREBY CERTIFY That I attended deceased from **July 4th, 1931** to **July 5th, 1931**
I last saw her alive on **July 5th, 1931**. Death is said to have occurred on the date stated above, at **11.55 a. m.**

The principal cause of death and related causes of importance were as follows:

Eclampsia
14b
Pregnancy
Other contributory causes of importance: **AKG**

Name of operation..... Date of.....
What test confirmed diagnosis? **Chinapal** as there an autopsy? **no**

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.....

(Signed) **James D. Johnson**, M. D.
(Address) **City Hospital**

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

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.

