

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

Do not use this space.

26689

1. PLACE OF DEATH

County Registration District No. **791**
 Townshp Registrar Registration District No. **1003**
 City **St. Louis, Mo** (No. **St. Johns Hospital**)

File No.
 Registered No. **7880**
 St. Ward)

2. FULL NAME

(a) Residence, No. **4880 Carter** St. **7** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 18 - 1887**

7. AGE YEARS **43** MONTHS **09** DAYS **27** If LESS than 1 day,hrs. ormin.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) **St. Louis** (STATE OR COUNTRY) **Missouri**

FATHER 13. NAME **John Hamner**

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

MOTHER 15. MAIDEN NAME **Catherine Lynnes**

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

17. INFORMANT **Charles Sydner** (ADDRESS) **4880 Carter**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Cabony Cemetery** DATE **July 18 31**

19. UNDERTAKER **Stroot & Carroll** (ADDRESS) **4600 Natural Bridge**

20. FILED **15 1931** Registrar **W. C. Starnes**

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 15 1931**

22. I HEREBY CERTIFY, That I attended deceased from **June 14 1931**, to **July 15 1931**
 I last saw h. **aw** alive on **July 15 1931**. Death is said to have occurred on the date stated above, at **5:30 a.m.**

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

Multiple abscess of liver
Cholelithiasis
Typhemia with
Cardiac failure
 Date of onset **12.5.31**
1.5.31

Other contributory causes of importance:

Typhemia with Cardiac failure

Name of operation **Exploratory** Date of **7-18-31**

What test confirmed diagnosis? **Laboratory** Was 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? **No**
 If so, specify

(Signed) **C. H. Luseman**, M. D.
 (Address) **4126 Shrew Ave**

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.

