

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

Do not use this space.

30156

1. PLACE OF DEATH

County..... Registration District No. 1781
Township..... Primary Registration District No. 1005
City St. Louis (No. 4357^c Evans Ave)

File No.
Registered No. 9226
St. Ward)

2. FULL NAME

(a) Residence, No. 4357^c Evans Ave St. 11 Ward.

(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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1856
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
abt. 75 unknown
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at. Home
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) Maryland

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT Nicholas F. Tyrrell
(ADDRESS) 4357^c Evans Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Sept 2 1931

19. UNDERTAKER Arthur J. Donnelly and Co
(ADDRESS) 2039 Wash St
CEP - 1 1931

20. FILED W. C. Starling
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 31 1931

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1931, to Aug 31 1931
I last saw him alive on Aug 31 1931. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Acute Meningitis Date of onset Aug 30 1931
131
132B
1005

Other contributory causes of importance:
Chronic Parenchymatous Nephritis Jan 20 1931

Name of operation 131 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? No
If so, specify.....
(Signed) C. C. Emerson, M. D.
(Address) 3870 Eastern

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.

3870 E. acton ave

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