

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

Do not use this space.

33261

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo (No. City Hospital #2)

File No.....
Registered No. 10263
St. Ward.....

2. FULL NAME

Annie Walker
(a) Residence, No. 2802 Laclede St., 22 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>abt. 46</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, hrs. or min.		
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. <u>Wuf</u>	
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>	11. Total time (years) spent in this occupation <u>unknown</u>

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>
	13. NAME <u>Paul Cross</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	15. MAIDEN NAME <u>unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>
	17. INFORMANT (ADDRESS) <u>A Bertrude Cleath City Hospital #2</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>10/16 1931</u>	
19. UNDERTAKER (ADDRESS) <u>63436 Parkway Plaza 101-5 1931</u>	
20. FILED	19 <u>31</u> <u>Oct 17</u> Registrar

MEDICAL CERTIFICATE OF DEATH

2. 2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-28, 1931

22. I HEREBY CERTIFY, That I attended deceased from 9-4-1931 to 9-28-1931.
I last saw her alive on 9-28-1931. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Other contributory causes of importance:
Fibromyoma of Uterus (Non-malignant)

Name of operation..... Date of.....
What test confirmed diagnosis? Ch. Lab 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?.....
If so, specify.....
(Signed) Walter E. Hampton, M. D.
(Address) City Hospital #2

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.

RECORD WITH OTHER RECORDS IN THIS IS A PERMANENT RECORD

