

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.

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

Do not use this space.

36253

1. PLACE OF DEATH

County Registration District No. 731

Township Primary Registration District No. 10003

City St. Louis (No. City Hospital)

File No.

Registered No. 10785

St. Ward

2. FULL NAME

(a) Residence, No. 4053 Westminster Ward 19
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 23-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 7 1

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 Annora Donnoho

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

15. MAIDEN NAME Mary Garrett

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

17. INFORMANT (ADDRESS) Hospital Information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Stater Mo DATE 10-25 1933

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly and Co 2429 Mark St

20. FILED OCT 24 1933 Max B. Stark off Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 23rd, 1933, to Oct. 24th, 1933

I last saw her alive on Oct. 24th, 1933. Death is said to have occurred on the date stated above, at 1004th

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

Strangulated gangrenous femoral hernia with generalized peritonitis

Other contributory causes of importance: 1179 1933

Name of operation Drainage Date of 10-25-33

What test confirmed diagnosis? Chlorid 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) J. E. Scherman, M. D.

(Address) City Hospital

