

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

Do not use this space.

37768

**1. PLACE OF DEATH**

County Jackson Registration District No. 399  
Township 1st Primary Registration District No. 2  
City St. Louis, Mo. (No. Mersey Hospital) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 1035  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 1406 East 39th St. 13 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) S.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16 1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
7 6 2

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 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

13. NAME Glen Shoenike

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

15. MAIDEN NAME Christe Loomis

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

17. INFORMANT (ADDRESS) Sister / Glen Shoenike

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill DATE 11-20-31

19. UNDERTAKER (ADDRESS) Geo. H. Long

20. FILED 11/18 1931 M. M. Crow Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-8, 1931, to 11-18, 1931

I last saw her alive on 11-18, 1931. Death is said

to have occurred on the date stated above, at 1:50 P.M.

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

Peritonitis  
Captured Appendix  
Bronchopneumonia

Other contributory causes of importance:

Name of operation 121 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? \_\_\_\_\_

If so, specify (Signed) H. K. Campbell M.D. M. D.  
(Address) Mersey Hospital

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.

