

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

Do not use this space.

39194

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1008**
 City **St. Louis** (No. **5707** **McBherson arr**) St. Ward)

File No.
 Registered No. **11370**
 St. Ward)

2. FULL NAME

(a) Residence, No. **3683 Cook** 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

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov. 11, 1931**

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

22. **My Physician attended me** I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 20, 1897**

....., 19....., to....., 19.....

7. AGE YEARS **34** MONTHS **3** DAYS **22** IF LESS than 1 day, hrs. or min.

I last saw h..... alive on....., 19..... Death is said

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Common Labour**

to have occurred on the date stated above, at **2:50 p.m.**

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) **Oct 1931** 11. Total time (years) spent in this occupation **11**

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ill**

Date of onset

13. NAME **Alonzia Pace**

Shock + Burns (Electrocution) relieved from Electric Extension Cord while working with same

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

Other contributory causes of importance: **Accident**

15. MAIDEN NAME **unk**

Name of operation..... Date of.....

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

What test confirmed diagnosis?..... Was there an autopsy? **yes**

17. INFORMANT **Miss Pace** (ADDRESS) **3683 Cook**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. **St. Louis Mo.** Date of injury **11-11, 1931**

18. BURIAL, CREMATION, OR REMOVAL PLACE **MT Vernon Ill** DATE **11, 14 1931**

Where did injury occur? **St. Louis Mo.** (Specify city or town, county, and State)

19. UNDERTAKER **Meyer** (ADDRESS) **mt Vernon Ill**

Specify whether injury occurred in industry, in home, or in public place. **Apartment Home**

20. FILED **Nov 12 1931** Registrar. **W. J. Barker**

Manner of injury **Shock from Electric Cord**

Nature of injury **Electrocution**

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify **J. W. Ferner M.D.**

(Signed) **Joseph Barker** (Address) **St. Louis Mo.**

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.

WHITE PEARL, WITH UNFADING INK—THIS IS A PERMANENT RECORD

