

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

Do not use this space.

39808

1. PLACE OF DEATH

County..... Registration District No. 79E
Township..... Primary Registration District No. 10135
City St. Louis (No. City Hospital)

File No.
Registered No. 12431
St. Ward

2. FULL NAME

(a) Residence, No. 2937 Madison St., 14 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 yrs. 14 mos. 16 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) single
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26-1931

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) St. Louis Mo.

FATHER 13. NAME John Russ

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Askeroville Mo.

MOTHER 15. MAIDEN NAME Ida Mae Harper

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greenville Illinois

17. INFORMANT (ADDRESS) Hospital Information St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 12-17-31

19. UNDERTAKER (ADDRESS) Harmon 1200 Plaza

20. FILED 11-13-31 19 Nov 13 1931 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 26th, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 26, 1931, to Nov. 26, 1931

I last saw her alive on Nov. 26th, 1931. Death is said to have occurred on the date stated above, at 5.00p. m.

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

Premature
(6 months)

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Can 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 JA Richardson, M. D.
(Signed) City Hospital
(Address)

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.

Russ