

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

Do not use this space.

42288

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis (No. De Paul Hospital)

File No.....
Registered No. 12176
St. Ward)

2. FULL NAME

(a) Residence, No. 5233 Lexington Ave 6 Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roy Komore</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 29th 1893</u>		
7. AGE YEARS <u>38</u>	MONTHS <u>2</u>	DAYS <u>7</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at Home</u>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation.....
10. Date deceased last worked at this occupation (month and year).....		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills.</u>
	13. NAME <u>Henry Hand</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills.</u>
	15. MAIDEN NAME <u>Don't Know</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ills.</u>
	17. INFORMANT <u>Roy Komore</u> (ADDRESS) <u>5233 Lexington Ave</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cabarrus</u> DATE <u>Dec 9th 1931</u>	
19. UNDERTAKER <u>Arthur J. Donnelly and Co</u> (ADDRESS) <u>2133 1/2 Market St.</u>	
20. FILED <u>May 1931</u> <u>May C. Marking</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6, 1931

22. I HEREBY CERTIFY, That I attended deceased from 10/6/31, 1931, to 12/6/31, 1931.
I last saw her alive on 12/6/31, 1931. Death is said to have occurred on the date stated above, at 6:30 P.M.
The principal cause of death and related causes of importance were as follows:
Embolism - Pulmonary sudden
1398 298
1111 398
Other contributory causes of importance:
Pelvic Abscess - due to Salpingitis Type unknown

Name of operation Opened abscess Date of 11/3/31
What test confirmed diagnosis? 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) John M. Bradley, M. D.
(Address) 4425 Westington

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.

Dr Brinkley
4425 Washington

For 6793
P. M.