

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

Do not use this space.

42721

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. Daynes Hosp.)

File No. ....  
 Registered No. 12641  
 St. .... Ward)

**2. FULL NAME**

Goldie Mae Washington  
 (a) Residence, No. 1141 a No. Leonard St. 21. Ward.  
 (Usual place of abode)

(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**

3. SEX <u>7</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED (write name of husband or (OR) WIFE OF) <u>Hofford Zuepka</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 42</u>		
7. AGE <u>42</u>	YEARS	MONTHS
		DAYS
		If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>	
	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) <u>St. Louis Mo.</u>		
FATHER	13. NAME <u>Joseph Washington</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Urban Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Bosby</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Summersville Ky.</u>	
17. INFORMANT (ADDRESS) <u>Sarah Washington 4378a - Farming Dr.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Dilson</u> DATE <u>12/23 1921</u>		
19. UNDERTAKER (ADDRESS) <u>A. L. ... 2126 ...</u>		
20. FILED <u>DEC 23 1921</u> <u>Max E. ...</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-18-1931

22. I HEREBY CERTIFY, That I attended deceased from 12-16, 1931, to 12-18, 1931.  
 I last saw her alive on 12-18, 19..... Death is said to have occurred on the date stated above, at 5:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Acute pyelo-nephritis followed by uremia  
Secondary to  
Supra vesical hysterectomy for myeloma of uterus  
Benign  
Hysterectomy  
 Date of onset 12/13/31

Other contributory causes of importance:  
Supra vesical hysterectomy for myeloma of uterus  
Benign  
Hysterectomy

Name of operation Hysterectomy Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? yes

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 no  
 (Signed) F. R. Bradley M. D.  
 (Address) 630 S. Kings Highway

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

