

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

Do not use this space.

2677

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
Township ..... Primary Registration District No. 1005  
City St. Louis (No. City Hospital)

File No. ....  
Registered No. 371 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 802 Ann St. 23 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**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		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 2-1867</u>		
7. AGE	YEARS <u>64</u>	MONTHS <u>4</u>
	DAYS <u>9</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation..... <u>13 1/2</u>

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11th, 1932  
22. I HEREBY CERTIFY, That I attended deceased from Dec. 8th, 1931 to Jan. 11th, 1932  
I last saw her alive on Jan. 11th, 1932 Death is said to have occurred on the date stated above, at 2.00 p.m.

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

Acute peritonitis (colon bacillus) and lung abscess following vaginal hysterectomy.  
Polypsus uteri.  
Other contributory causes of importance:  
Cor. Myocarditis  
Pulmonary edema

Date of onset

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wisconsin</u>
	13. NAME <u>James Davis</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Bonty Pinknoter</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>
	17. INFORMANT (ADDRESS) <u>City Hospital</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Gravden, Mo.</u> DATE <u>Jan 17, 1931</u>
	19. UNDERTAKER (ADDRESS) <u>Wackey Beale</u>
	20. FILED <u>JAN 12 1932</u> <u>Wackey Beale</u> Registrar

Name of operation reginal hysterectomy Date of 12-31-31  
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 At. Kaush  
(Signed) At. Kaush M. D.  
(Address) City 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.

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

3

11-1-20