

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

Do not use this space.

2724

1. PLACE OF DEATH

County.....

Registration District No. 1791

Township.....

Primary Registration District No. 101155

City St. Louis (No. 3149 Bell)

File No.....

Registered No. 423

St. Ward)

2. FULL NAME

(a) Residence. No. 3149 Bell St. 21 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

Female

4. COLOR OR RACE

Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

60

48

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8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work.....

Housework

(b) General nature of industry, business, or establishment in which employed (or employer).....

235

(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mexico Missouri

10. NAME OF FATHER

Frank Gimstead

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

York Pa

12. MAIDEN NAME OF MOTHER

Billie Ford

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

Ky.

14.

INFORMANT.....
(Address).....

Billie Gimstead
A. 149 Bond St.

15.

FILED.....

14 1932

W. E. Starnes
REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR)

1 - 8 - 1932

17.

I HEREBY CERTIFY, That I attended deceased from Jan 1 1932 to Jan 8 1932 that I last saw her alive on Jan 8 1932 and that death occurred, on the date stated above, at 6:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

acute Myocarditis

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm E. Niece, M. D.

, 19 (Address) 2340 Market

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Father Dickson's Cem

1/14 1932

20. UNDERTAKER

ADDRESS

C. W. Roberts

3035 Lucas

WRITE CLEARLY, 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.

