

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

Do not use this space.

2893

**1. PLACE OF DEATH**

County ..... Registration District No. 1701  
 Township ..... Primary Registration District No. 1003  
 City St. Louis (No. City, Hospital)

File No. ....  
 Registered No. 599  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2242 Madison St. Ward. 20  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred, Life yrs. mos. 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) widowed

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1896

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
35 9 1

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Missouri

13. NAME: Joe Waters

14. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

15. MAIDEN NAME Mary Burk

16. BIRTHPLACE (CITY OR TOWN) Ind. (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Hospital information Grace, 23-000 City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE January 21, 1932

19. UNDERTAKER (ADDRESS) John G. Galloway & Co. 2300 Sprague Ave

20. FILED JAN 19 1932 W. C. Staveland Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 19th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 9th, 1932, to Jan. 19th, 1932. I last saw her alive on Jan. 19th, 1932. Death is said to have occurred on the date stated above, at 3.05a in.

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

Septicemia puerperal  
(bacterial agent unknown)  
14513

Other contributory causes of importance: 145. a

Name of operation ..... Date of .....  
 What test confirmed diagnosis? clinical 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) J. M. Macnish, M. D.  
 (Address) City Hospital

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.

