

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

Do not use this space.

**1. PLACE OF DEATH**

County.....

Registration District No. 791  
1003

Township.....

Primary Registration District No. ....

City St. Louis (No. 1110 N. 13<sup>th</sup>)

File No. 3094

Registered No. 83D

St. .... Ward)

**2. FULL NAME** Ruth Mae Preston

(a) Residence. No. 1110 N. 13<sup>th</sup> St. 215 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**

Female

**4. COLOR OR RACE**

Colored

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

Child

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

Child

**6. DATE OF BIRTH (MONTH, DAY AND YEAR)** 7-10-1930

**7. AGE**

YEARS 1

MONTHS 6

DAYS 12

If LESS than 1 day, ..... hrs. or ..... min.

**8. OCCUPATION OF DECEASED**

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

Child

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

(c) Name of employer

**9. BIRTHPLACE (CITY OR TOWN),** St. Louis (STATE OR COUNTRY) Mo

**10. NAME OF FATHER** Herman Preston

**11. BIRTHPLACE OF FATHER (CITY OR TOWN),** St. Louis (STATE OR COUNTRY) Mo.

**12. MAIDEN NAME OF MOTHER** Addie Conway

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN),** Castro (STATE OR COUNTRY) Miss.

**14. INFORMANT** Addie Preston (Address) 1110 N-13<sup>th</sup> St

**15. FILED** Jan 26 1932 W. C. Starkey REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 1-22-1932

**17. I HEREBY CERTIFY, That I attended deceased from** Jan 18, 1932 to Jan 22, 1932 that I last saw him alive on Jan 21, 1932, and that death occurred, on the date stated above, at 9:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Broncho Pneumonia

107 H

(duration) yrs. mos. ds. 10

**CONTRIBUTORY (SECONDARY)**

(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH..... D

**D** DID AN OPERATION PRECEDE DEATH? No. DATE OF.....

WAS THERE AN AUTOPSY? no

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) J. W. Allen, M. D.

1-25-1932 (Address) 1235 Franklin

\*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**

Greenwood Cemetery Jan 26 1932

**20. UNDERTAKER**

**ADDRESS**

C. W. Roberto 3035 Lucas

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.



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No.....)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 830  
St..... Ward.....

**2. FULL NAME**

Ruth Mae Preston  
(a) Residence, No..... St..... 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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Child  
(Usual term, if the word)

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

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

7. AGE 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.  
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)

FATHER  
13. NAME

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

MOTHER  
15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE.....19.....

19. UNDERTAKER (ADDRESS)

20. FILED

APR 7 1932

Wesley E. Parker  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 1932

22. I HEREBY CERTIFY That I attended deceased from 19..... to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

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

19 months Pneumonia  
did not follow Measles or  
whooping cough. Information  
given over phone by Dr. W. Allen  
Phys. of U.S. 3-10-32

Other contributory causes of importance:

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

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)....., M. D.  
(Address).....

SUPPLEMENTARY

N. B.—Every item of information should be carefully supplied. All 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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

S-3094