

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

Do not use this space.

3124

1. PLACE OF DEATH

County.....

Registration District No. 701

Township.....

Primary Registration District No. 1009

City St. Louis (No. City Hospital)

File No.
Registered No. 871
St. Ward)

2. FULL NAME

(a) Residence, No. 2215 So. 7th St. 23 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 20 - 1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 0 0 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) St. Louis (STATE OR COUNTRY) Missouri

FATHER 13. NAME Raymond Elvery Starkey

14. BIRTHPLACE (CITY OR TOWN) Clay City (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Eva Jean William

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

17. INFORMANT (ADDRESS) Hospital Information
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 28 1932

19. UNDERTAKER (ADDRESS) Shannon 2400 Laurel

20. FILED 28 1932 May E. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20th 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20th 1932 to Jan 20th 1932
I last saw her alive on Jan. 20th 1932 Death is said to have occurred on the date stated above, at 4:40 a.m.

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

Date of onset
Prematurity
(5 1/2 months)
Other contributory causes of importance:
15 1/2
15 1/2
15 1/2

Name of operation Date of
What test confirmed diagnosis? 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 no
(Signed) A. M. McEnish 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.

