

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

Do not use this space.

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1. PLACE OF DEATH

County _____ Registration District No. 187
 Township _____ Primary Registration District No. _____
 City St. Louis Mo (No. City Hospital 2) St. _____ Ward _____

File No. _____
 Registered No. 1235

2. FULL NAME

(a) Residence, No. 1010 Wagon St., 22 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 21 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 Col 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) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt. 48 - - -

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. nurse
 10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation. unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pitts 2

FATHER 13. NAME Peter Alexander

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

MOTHER 15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio 30

17. INFORMANT (ADDRESS) Walter G. Gentry
City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 2/8/1932

19. UNDERTAKER (ADDRESS) Peoples Burial Co
3100 Franklin

20. FILED FEB - 6 1932 Max C. Stover
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31-1932

22. I HEREBY CERTIFY, That I attended deceased from 1-14 1932, to 1-31 1932
 I last saw him alive on 1-31 1932 Death is said to have occurred on the date stated above, at 10:50 m.
 The principal cause of death and related causes of importance were as follows:

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Chronic Myocarditis
 Other contributory causes of importance _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? aut 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) W. G. Gentry, M. D.
 (Address) City Hospital 2

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

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