

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

Do not use this space.
6430
 File No. _____
 Registered No. **1469**
 St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township _____ Primary Registration District No. _____
 City *St. Louis* (No. *4422*) *Maffitt*

2. FULL NAME

Charlotte Savina Prince
 (a) Residence, No. *4422 Maffitt* St. *11* 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 <i>Female</i>		4. COLOR OR RACE <i>Colored</i>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Joseph Prince</i>					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>					
7. AGE		YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<i>abl</i>		<i>63</i>			
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housewife</i>				
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>235</i>				
	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) <i>Kentucky 2</i>					
FATHER	13. NAME <i>Spencer Bell</i>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>				
MOTHER	15. MAIDEN NAME <i>Elizabeth Washington</i>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Kentucky</i>				
17. INFORMANT (ADDRESS) <i>Mr. Esther Phillips 4422 Maffitt</i>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Washington Park</i> DATE <i>2/13 1932</i>					
19. UNDERTAKER (ADDRESS) <i>C. W. Roberts 235 Maffitt</i>					
20. FILED <i>FEB 15 1932</i> <i>Ray C. Anderson</i> Registrar.					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-10-1932*

22. I HEREBY CERTIFY, That I attended deceased from *February 7, 1932* to *February 10, 1932*
 I last saw him alive on *February 10, 1932*. Death is said to have occurred on the date stated above, at *2:00* m.
 The principal cause of death and related causes of importance were as follows:
Pneumo-pneumonia *Jan 31 1932*
11A
1071
 Other contributory causes of importance:
Dyspnoea *Jan 25 1932*

Name of operation _____ Date of _____
 What test confirmed diagnosis? *Physical* 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 _____ *(1)*

24. Was disease or injury in any way related to occupation of deceased? *No*
 If so, specify _____
 (Signed) *John Paul Demours*, M. D.
 (Address) *311-21 Franklin Ave.*

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.

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