

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

Do not use this space.

6708

**1. PLACE OF DEATH**

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City of St. Louis (No. City Hospital)

St. 791 Ward 1003

File No. ....

Registered No. 1784

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3717 Pollock St. 19 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3) SEX <u>female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Felix Reynolds</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 21-1900</u>		
7. AGE	YEARS	MONTHS
	<u>25</u>	<u>10</u>
		DAYS
		<u>2</u>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as pianist, sawyer, bookkeeper, etc. <u>Housewife</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>
	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) France 9

MOTHER FATHER 13. NAME Louise Douent

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

15. MAIDEN NAME Mary Unknown

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Cabany DATE 2-25 1932

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly, 2nd St

20. FILED Feb 23 1932 W. C. Stanley Registrar.

**1 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23rd 1932

22. I HEREBY CERTIFY That I attended deceased from Oct. 20th 1931 to Feb. 23rd 1932  
I last saw her alive on Feb. 23rd 1932 Death is said to have occurred on the date stated above, at 1135a m.

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

23A  
Pulmonary Tuberculosis  
Date of onset

Other contributory causes of importance: 23

Name of operation None Date of 1/3  
What test confirmed diagnosis Stacc Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? ..... Date of injury 1/3 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 1  
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify City Hospital M. D.

(Signed) City Hospital (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.

