

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

377
Do not use this space.

10220

1. PLACE OF DEATH

County..... Registration District No. 201

Township..... Primary Registration District No. 2013

City St. Louis (No. City Hospital) St. Ward)

2. FULL NAME

(a) Residence, No. 1839 Jno. B. Drway Ward 33
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 3 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.File No. 2289

Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 14 - 18587. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
73 2 238. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. Housework9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home

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) Missouri13. NAME Joseph Russian14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee15. MAIDEN NAME unknown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee17. INFORMANT (ADDRESS) Hospital information City Hospital18. BURIAL, CREMATION, OR REMOVAL PLACE Howell Mo DATE 3-9 193219. UNDERTAKER (ADDRESS) A. W. McLaughlin20. FILED AP 18 1932 Miss E. Stankov Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 7th. 193222. I HEREBY CERTIFY, That I attended deceased from Feb. 23rd. 1932 to Mar. 7th. 1932I last saw her alive on Mar. 7th. 1932 Death is said to have occurred on the date stated above, at 6:35 P.M.

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

Chronic Myocarditis Date of onsetOther contributory causes of importance: Fracture of Lt. Radius & Femur. Floor accidentHypostatic Pneumonia. Acc. cont.

Name of operation..... Date of.....

What test confirmed diagnosis? Chol. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Feb 23 1932Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell at homeNature of injury Fractured femur & Radius

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Chronic Myocarditis M. D.(Signed) Wm. M. Stankov M. D.(Address) City Hospital

