

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

Do not use this space.

10498

1. PLACE OF DEATH

County Registration District No. 70
 Township Primary Registration District No. 20
 City St. Louis Mo. (No. City Hospital #2) St. Ward)

File No.
 Registered No. 2562

2. FULL NAME

(a) Residence, No. 4255 1/2 W. Genoa St. 11 Ward. (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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-27-1904</u>		
7. AGE	YEARS	MONTHS
	<u>27</u>	<u>9</u>
		DAYS
		<u>16</u>
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. <u>Duck 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) <u>Missouri</u> <u>1</u>		
MOTHER	13. NAME <u>Edw. Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u> <u>8</u>	
	15. MAIDEN NAME <u>Annie Concher</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>	
FATHER	17. INFORMANT (ADDRESS) <u>Edw. Johnson</u> <u>7</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's Cemetery</u> DATE <u>3/17/1932</u> <u>132</u>	
19. UNDERTAKER (ADDRESS) <u>Dunn, J. Brock</u> <u>215 1/2 Jefferson</u>		
20. FILED <u>3 17 1932</u> <u>City Hospital #2</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-13-1932

22. I HEREBY CERTIFY, That I attended deceased from 2-8- 1932 to 3-13- 1932
 I last saw h. alive on 3-13 1932 Death is said to have occurred on the date stated above, at 7 m.
 The principal cause of death and related causes of importance were as follows:
108
Subacute pneumonia
 Other contributory causes of importance:
108
108

Name of operation Date of
 What test confirmed diagnosis? See Ch. 12 (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) C. Smith M. D.
 (Address) CITY HOSP. No. 2

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.

MARGIN RESERVED FOR BINDING

V. NO. 2

