

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.

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

Do not use this space.

10696

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1013  
City St. Louis (No. City Hospital)

File No.....  
Registered No. 2767  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 2622 Ohio St. Ward. 23  
(Usual place of abode)

Length of residence in city or town where death occurred life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 3 - 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
24 5 18

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. factory 80  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. seamstress  
10. Date deceased last worked at this occupation (month and year) Jan 1st 1932 11. Total time (years) spent in this occupation 87 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME August Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

MOTHER 15. MAIDEN NAME Mamie Burkhardt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter's Pauls Cem. DATE March 23, 1932

19. UNDERTAKER (ADDRESS) J. H. Giffen & Co

20. FILED MAR 22 1932 May C. Parker Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 21, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct. 26th, 1931 to Mar. 21st, 1932  
I last saw him alive on Mar. 21st, 1932 Death is said to have occurred on the date stated above, at 4:45 a.m.

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

Multiple Sclerosis of Brain & spinal cord  
Other contributory causes of importance: 810  
RT. suppurative pneumonia

Name of operation..... Date of.....  
What test confirmed diagnosis? Clon 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.....

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

Handwritten text at the top right corner, possibly a signature or initials.

Handwritten text at the bottom center, possibly a signature or initials.