

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

Do not use this space.

10807

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1008  
City St. Louis (No. City Hospital)

File No.....  
Registered No. 2880  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 1607 Mansfield Ward. 23  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>widow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 28 - 1848</u>		
7. AGE <u>83</u>	YEARS <u>7</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>		11A. <u>11A</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>110B</u>		11B. <u>110B</u>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar, 25th 1932

22. I HEREBY CERTIFY That I attended deceased from Mar 17th 1932 to Mar 25th 1932

I last saw her alive on Mar 25th 1932 Death is said to have occurred on the date stated above, at 2:30 A.M.

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

Hypostatic Pneumonia  
La Grippe  
Other contributory causes of importance: 111B

Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis Quinac 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.....

(Signed) Jane Simon M. D.  
(Address) City Hospital

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Perry County Illinois</u>
	13. NAME <u>James Erros</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	15. MAIDEN NAME <u>Mary Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT (ADDRESS) <u>Hospital information City Hospital</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Mathew</u> DATE <u>3/26</u> , 19 <u>32</u>	
19. UNDERTAKER (ADDRESS) <u>John Calene 928 N. Grand Blvd</u>	
20. FILED <u>3 25 1932</u> Registrar	

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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