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.

10842

1. PLACE OF DEATH

County..... Registration District No. 791

Township..... Primary Registration District No. 10455

File No.....

Registered No. 2917

City St. Louis Mo. St. Louis (No. Children's Hospital 500 S. Kingshighway St. .....Ward)

2. FULL NAME Elizabeth McNichols

(a) Residence, No. 1544 Lewis St., 12 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Child

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 18 1928

7. AGE: Years 3 | Months 5 | Days 7 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Child

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 92A

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation: 9 52

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. 1

FATHER

13. NAME: Ray McNichols

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia 2

MOTHER

15. MAIDEN NAME: Florence Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Mo. 1

17. INFORMANT (ADDRESS): M. Luebt Children's Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE Mch 28 1932

19. UNDERTAKER (ADDRESS): Anthony J. Donnelly and Co 2029 Hiram St

20. FILED ..... 19.....
Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3-25-, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 13, 1932, to 3-25, 1932

I last saw her alive on 3-25, 1932. Death is said to have occurred on the date stated above, at 6:45 a.m.

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

	Date of onset
Edema	
Rheumatic Heart Disease;	
Mitral Stenosis and Regurgitation (1)	12/1/31

Other contributory causes of importance:

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

What test confirmed diagnosis? Autopsy 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....., 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) J. R. Adams, M. D.

(Address) 500 S. Kingshighway