

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

Do not use this space.

10989

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis (No. City Hospital)

File No.

Registered No. 3067

St. Ward)

2. FULL NAME

(a) Residence, No. 2650 Rutledge St. Ward.

Length of residence in city or town where death occurred Life yrs. 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. 14 - 1924

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	7	5	14	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. school
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 1130
10. Date deceased last worked at this occupation (month and year) 1550 11. Total time (years) spent in this occupation 36

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

MOTHER FATHER 13. NAME James Henry

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

MOTHER 15. MAIDEN NAME Gertrude Gilke

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

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 3-30 1932

19. UNDERTAKER (ADDRESS) H. Schumacher

20. FILED 19 May 1932 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 28th 1932

22. I HEREBY CERTIFY, That I attended deceased from Mar. 21st 1932 to Mar. 28th 1932
I last saw her alive on Mar. 28th 1932 Death is said to have occurred on the date stated above, at 4:25 a.m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Septicemia
Other contributory causes of importance:
Abscess of lower jaw from infected tooth

Name of operation Date of
What test confirmed diagnosis? 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? (D) (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. Ketchum, M. D.
(Address) City Hospital

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. S. NO. 2

Henry