

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

Do not use this space.

14092

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 1023
 City St. Louis (No. City Hospital) St. Ward

File No.
 Registered No. 3423
 St. Ward

2. FULL NAME

(a) Residence, No. 2707 Cass St. 20 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter C. Little.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23 - 1885

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>46</u>	<u>10</u>	<u>13</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Chief Clerk</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) Rolla (STATE OR COUNTRY) Mo.

13. NAME Wm. Kelley

14. BIRTHPLACE (CITY OR TOWN) Chicago (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Anna Haemon

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

17. INFORMANT Hospital Information (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cemetery DATE April 8 1922

19. UNDERTAKER L. L. Pleitsch, Inc. (ADDRESS) 5204 Eastern Ave.

20. FILED 7-14-22 Wm. C. Starnes Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 5th 1922

22. I HEREBY CERTIFY That I attended deceased from April 4th 1922 to April 5th 1922
 I last saw him alive on April 5th 1922 Death is said to have occurred on the date stated above, at 11:00 A.M.

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

Tobac Pneumonia Date of onset 3/27/32
108 108

Other contributory causes of importance: Ⓛ

Name of operation Date of
 What test confirmed diagnosis Clinical 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? No
 If so, specify
 (Signed) Carl D. Hoy M. D.
 (Address) City Hospital

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.

