

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

Do not use this space.

14241

1. PLACE OF DEATH

County.....

Registration District No. 27911

Township.....

Priority Registration District No. 73

City St. Louis (No. St. Ann's Hospital)

File No. 3577

Registered No. 3577

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5301 Page St. 6 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) _____

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 8-32

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 12 hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. none

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

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

13. NAME Willie 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Gertrude Pitte

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlanta, Ga

17. INFORMANT (ADDRESS) Sister Raymond St. Ann's Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Apr. 12 1932

19. UNDERTAKER (ADDRESS) J. H. Kubben & Co. 284 1/2 Franklin St.

20. FILED APR 12 1932 Wm. J. Stender Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 9- 1932

22. I HEREBY CERTIFY, That I attended deceased from April 8, 1932, to April 9, 1932

I last saw her alive on April 9, 1932 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Acute Myocarditis
157C
159

Date of onset

Other contributory causes of importance: Premature infant about 6 mos gestation

Name of operation _____ Date of _____

What test confirmed diagnosis? autops 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 _____ 1932

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) Henry J. Pango M. D.
(Address) 3908 Olive St.

Dr. H. J. Pango

WITH OUTFADING 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.

