

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

Do not use this space.

14418

1. PLACE OF DEATH

County Registration District No. 781
Township Primary Registration District No. 1003
City St. Louis Mo (No. City St. Dep # 2)

File No.
Registered No. 3768
St. Ward)

2. FULL NAME

(a) Residence, No. 1047 Vandeventer Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-1-32</u>		
7. AGE	YEARS	MONTHS
		DAYS
	If LESS than 1 day, <u>6</u> hrs. or <u>45</u> min.	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>nd</u>
	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 Unknown

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

15. MAIDEN NAME Hattie Brown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT A Sister at death
(ADDRESS) City St. Dep # 2

18. BURIAL, CREMATION, OR REMOVAL
PLACE POTTERS FIE DATE 4-21-1932

19. UNDERTAKER Robertson
(ADDRESS) 480 S. 4th St

20. FILED APR 18 1932
Wm C. Parkley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-1-1932

22. I HEREBY CERTIFY, That I attended deceased from 4-1-1932 to 4-1-1932

I last saw h. alive on 19..... Death is said to have occurred on the date stated above, at 3:08 m.

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

159
Cremation ✓
Other contributory causes of importance:

159 (1)
Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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 Cremation
(Signed) Wm C. Parkley M. D.
(Address) City Hospital # 2

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.

