

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

Do not use this space.

14514

1. PLACE OF DEATH

County _____
Township St. Louis, Mo.
City St. Louis, Mo. (No. _____) City Superior

Registration District No. 781
Primary Registration District No. 1008

File No. _____
Registered No. 3900
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. City Superior, 13 Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Geo. Euphrosine

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 9, 1857

7. AGE YEARS 74 MONTHS 7 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Mo. 1

13. NAME Luiza Gamoche

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

15. MAIDEN NAME Elizabeth Seaman

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

17. INFORMANT (ADDRESS) Mrs. Effie Ann

18. BURIAL-CREMAATION, OR REMOVAL PLACE St. Olive DATE 4/22 1932

19. UNDERTAKER (ADDRESS) Southern Trust Co.

20. FILED APR 20 1932 Ward 13 Registrar

(3) MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-19, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-8, 1932 to 4-19, 1932

Last saw him alive on 4-17, 1932 Death is said to have occurred on the date stated above, at 7 P.M.

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

Chr. Myocarditis
935
77
162
930
Other contributory causes of importance:
Arteriosclerosis
Senility (D)

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 _____

(Signed) Malcolm H. Lee, M. D.

(Address) City Superior

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.

