

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 30-1
Primary Registration District No. 30-1

File No. 14697
Registered No. 4094
St. St. Louis Ward St. Louis Mo.

2. FULL NAME

(a) Residence, No. 4911 hawn St. Louis
(Usual place of abode)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? 1 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 21 1932

7. AGE YEARS 0 MONTHS 2 DAYS 4 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Infant
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) Mo. (STATE OR COUNTRY)

13. NAME Unknown

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

15. MAIDEN NAME Katherine Elders

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

17. INFORMANT Dr. Forlag (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL burial (ADDRESS)

19. UNDERTAKER Arthur J. Hornsby (ADDRESS)

20. FILED 26 1932 Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 25 1932

22. I HEREBY CERTIFY, That I attended deceased from April 15 1932 to April 25 1932
I last saw h. ex. alive on April 25 1932 Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

Pedicularis Date of onset 4-1

Other contributory causes of importance Bronchopneumonia
Secondary

Name of operation None Date of None
What test confirmed diagnosis? Chiefly Clinical Data Was there an autopsy? Yes

23. If death was due to external causes (violence), list the following: Accident, suicide, or homicide? No Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None

(Signed) John Eschenbrenner (address) ISOLATION 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.
