

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

Do not use this space.

14848

**1. PLACE OF DEATH**

County ..... Registration District No. 701  
 Township ..... Primary Registration District No. 000  
 City St. Louis (No. 0400) La Salle St. ..... Ward .....

File No. ....  
 Registered No. 4247  
 St. .... Ward .....

**2. FULL NAME**

(a) Residence, No. 3400 W La Salle St. .... Ward .....

(Usual place of abode) (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 Female 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min. 59

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Unknown  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
 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) Unknown 31

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT Sarah Oliver (ADDRESS) 3400 W La Salle

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Pk. DATE 15-10-32

19. UNDERTAKER A. Russell (ADDRESS) 2732 Pine Bluff

20. FILED MAY - 1 1933 Max E. Starker Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-16, 1930, to 4-27, 1932

I last saw her alive on 4-26, 1932. 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:

Tuberculosis Date of onset

23A 1 2 3  
 Other contributory causes of importance:

Name of operation no Date of no  
 What test confirmed diagnosis? chest Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? no Date of injury ....., 19.....

Where did injury occur? Home (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 no

(Signed) Leo J. Oliver, M. D.  
 (Address) 2836 0th St. St. Louis

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.

