

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

Do not use this space.

17812

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City, St. Louis (No. St. Luke's Hospital)

File No.....
Registered No. 4766 St. _____ Ward)

2. FULL NAME

(a) Residence, No. 4944 Lindell St. 12 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>White</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>March 5th 1890</u>					
7. AGE YEARS <u>42</u>		MONTHS <u>2</u>		DAYS <u>9</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>					
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>214</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) <u>St. Louis Mo.</u>					
13. NAME <u>Joseph A. Duffy</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>					
15. MAIDEN NAME <u>Martha Gartside</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo.</u>					
17. INFORMANT (ADDRESS) <u>Grace D. Higgenum 5354 Delmar St. Berd.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Bellefontaine</u> DATE <u>May 16th 1932</u>					
19. UNDERTAKER (ADDRESS) <u>Wagoner Funeral Co. 3621 Olive St.</u>					
20. FILED <u>MAY 16 1932</u> <u>Max Stanton</u> Registrar.					

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1932

22. I HEREBY CERTIFY, That I attended deceased from March 7 1932, to May 14 1932
I last saw him alive on May 14 1932 Death is said to have occurred on the date stated above, at 11 a.m.
The principal cause of death and related causes of importance were as follows:
Borncho pneumonia Date of onset May 1
92A
107A
97A 92A
Other contributory causes of importance:
nutritional stenosis 5 yrs.
asthma Emphysema March 20
left popliteal ganglion
Name of operation Amputation left hip
What test confirmed diagnosis? Clinical 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....., 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? No
If so, specify.....
(Signed) Walter Baumgartner, M. D.
(Address) 3720 Washington Ave.

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.

