

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.

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

Do not use this space.

17818

1. PLACE OF DEATH

County Registration District No.
Township *St. Louis Mo.* Primary Registration District No. *Sanitarium*
City *St. Louis Mo.* (No. *Sanitarium*) St. Ward)

File No.
Registered No. *4772*
St. Ward)

2. FULL NAME

(a) Residence, No. *756 J Zeiss* ds. *13* Ward. *Alton, Mo.*
(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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 13 1893*

7. AGE YEARS *39* MONTHS *-* DAYS *-* If LESS than 1 day,hrs. ormin.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *235*

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, Missouri*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *" 31*

15. MAIDEN NAME *"*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *"*

17. INFORMANT (ADDRESS) *St. Louis 5700 Arsenal*

18. BURIAL, CREMATION, OR REMOVAL PLACE *buried olive* DATE *5/17* 19. *2*

19. UNDERTAKER (ADDRESS) *Burdell, General Co 7619*

20. FILED *MAY 17 1932* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/14/32*, 19

22. I HEREBY CERTIFY, That I attended deceased from *4/11/32*, 19, to *5/14/32*, 19,

I last saw him alive on *5/14/32*, 19. Death is said to have occurred on the date stated above, at *3:00 P. M.*

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

Scrub of hemorrhage
Syphilis
37
82A 34

Other contributory causes of importance:

Date of onset *5/12/32*
4/11/32

Name of operation Date of *1*

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) *St. Louis* M. D.

(Address) *5700 Arsenal*

