

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

Do not use this space.

18031

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township St. Louis Mo.

Primary Registration District No. 1008

City St. Louis Mo. (No. Sancti)

File No. ....

Registered No. 5001

St. .... Ward)

**2. FULL NAME**

(a) Residence, No. City Infirmary St. 13 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 4 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from 7/30/31, 19, to 5/21/32, 19.

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

I last saw her alive on 5/21/32, 19. Death is said to have occurred on the date stated above, at 12:45 P. M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
About 75 +

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

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

Epilepsy Arterio-sclerosis

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

Date of onset 7/30/31  
5/19/32

10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation Unknown

Other contributory causes of importance: 10 M A

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

Name of operation ..... Date of .....  
What test confirmed diagnosis? Smear Was there an autopsy? No

13. NAME Louis P. Nash

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.

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

Manner of injury .....  
Nature of injury .....

15. MAIDEN NAME Unknown

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) F. H. Toller, M. D.  
(Address) 5700 Manual

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

17. INFORMANT (ADDRESS) F. H. Toller 5700 Manual

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 5/26, 1932

19. UNDERTAKER (ADDRESS) Charles J. Gatto 4107 Lemay Avenue

20. FILED May 28 1932 John C. Stanley Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

