

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

Do not use this space.

✓ 18131

**1. PLACE OF DEATH**

County.....

Registration District No. **702**

Township.....

Primary Registration District No. **11-23**

City **St. Louis**

(No. **City Hospital**)

File No. ....

Registered No. **5107**

# **2846**

**2. FULL NAME**

**Betty Christie nee Elizabeth Christie**

(a) Residence, No. **3670** of **Olive** St., **19** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **50** 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) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 20 - 1882**

7. AGE YEARS **50** MONTHS **1** DAYS **0** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **nil** 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **At Home** 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 Mo.**

FATHER 13. NAME **John Sheridan**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Pittsburg Pa.**

17. INFORMANT (ADDRESS) **Hospital information City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Belers Park** DATE **5/27** 192**2**

19. UNDERTAKER (ADDRESS) **Ziegenhein Bros. 2623 Cheaper St.**

20. FILED **27 1932** **W. C. Harting** Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 20, 1932**

22. I HEREBY CERTIFY That I attended deceased from **May 19<sup>th</sup>, 1932** to **May 20<sup>th</sup>, 1932**

I last saw her alive on **May 20<sup>th</sup>, 1932** Death is said to have occurred on the date stated above, **9:07 PM**

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

**Chronic Myocarditis**  
Date of onset **Unknown**  
Other contributory causes of importance **(P.O.)**

Name of operation **Clinical** Date of **No**  
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? **No**  
If so, specify **Carl H. Hoz** M. D.  
(Signed) **City Hospital**  
(Address)

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.

