

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

Do not use this space.

18287

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

791
1003

Registration District No.....
Primary Registration District No.....

File No.....
Registered No. 5271
St. Ward)

2. FULL NAME

(a) Residence, No. 3890 Windsor Pl St. 11 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jessie Shoupkin</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-24-1903</u>		
7. AGE	YEARS	MONTHS
	<u>29</u>	<u>—</u>
		DAYS
		<u>1</u>
	If LESS than 1 day, hrs. or min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flomont Ala</u>
	13. NAME <u>John Nelson</u>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flomont Ala</u>
	15. MAIDEN NAME <u>May Hubbard</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Flomont Ala</u>
	17. INFORMANT (ADDRESS) <u>Jessie Shoupkin 3890 Windsor Pl.</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Pa</u> DATE <u>6-2</u> 19 <u>32</u>
	19. UNDERTAKER (ADDRESS) <u>G. E. Blalund & Co 1116 1/2 S. 1st St</u>
	20. FILED <u>1</u> 19 <u>32</u> <u>19</u> <u>Max C. Starckoff</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 4:00 m.

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

My A
Mitral Insufficiency

Date of onset

Other contributory causes of importance:

9200
17

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? yes

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 No Injury

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) J. W. Kerner M-D

Address Deputy Coroner

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.

