

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

Do not use this space.

21067

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10-3
City St. Louis Mo. (No. Sanitarium)

File No.....
Registered No. 5570
St. Ward)

2. FULL NAME

Elizabeth Luella Jerome
(a) Residence, No. 4120 Weststead Bu (b) 13 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 32 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 Charles Jerome

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29. 1849

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>83</u>	<u>2</u>	<u>12</u>	

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

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

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) Springfield
Illinois

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville
Kentucky

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield
Illinois

17. INFORMANT (ADDRESS) Hubert Smith
3400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Mathew's DATE June 15, 1932

19. UNDERTAKER (ADDRESS) Provest Hud Co.
3110 N Grand Blvd

20. FILED 23 1932 Hubert Smith Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11th 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1930, to June 11th, 1932.
I last saw her alive on June 11th, 1932. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

Broncho-pneumonia
730
107A
100
Other contributory causes of importance:
Chronic Myocarditis 2 yrs
Stenosis +

Name of operation Date of
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? none
(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. Hubert Smith M. D.
(Signed) 3400 Arsenal St.
(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.

