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

Do not use this space.
21498

File No.
Registered No. 6065

1. PLACE OF DEATH
County
Township
City St Louis (No. 302, Walnut St. Ward)
Registration District No. 791
Primary Registration District No. 1003

2. FULL NAME Gertrude Scritchfield
(a) Residence, No. 302 Walnut St. St., 25 Ward.
(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 James Scritchfield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2 1897
7. AGE: Years 35 Months 3 Days 25 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House maid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home work
10. Date deceased last worked at this occupation (month and year) June 1932
11. Total time (years) spent in this occupation 235

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

FATHER
13. NAME Jules Marchand
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) France

MOTHER
15. MAIDEN NAME Anna Messinger
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Belleville Ills

17. INFORMANT Mrs Henry Tensing
(ADDRESS) 3926 Furnace
18. BURIAL, CREMATION, OR REMOVAL Northo
PLACE St Johns Cemetery DATE May 30 1932
19. UNDERTAKER Andrew Hettlage
(ADDRESS) 3125 Lafayette
20. FILED JUN 29 1932 Ralph E. Fowler M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27 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 6 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:
936

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

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 No Injury

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) T. J. Fraze, M.D.
(Address) City Coroner

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
MARGIN RESERVED FOR BINDING
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.