

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 4000
City, St. Louis (No. 445, De Balivre St. 5 Ward.)

24430
File No.
Registered No. 6555
St. Ward)

2. FULL NAME

(a) Residence, No. 445 De Balivre St. 5 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 Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 1846

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 11 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Wisconsin

13. NAME Justin Hatch

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Merlie Putney

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Karyl H. Adam (ADDRESS) 445 De Balivre Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Misshegon Heights DATE July 17 1932

19. UNDERTAKER W. H. Adams (ADDRESS) 1905 Union St

20. FILED 17 1932 19 Max Standley Registrar

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16 1932

22. I HEREBY CERTIFY, That I attended deceased from July 15 1932 to July 16 1932

I last saw h. alive on July 16 1932 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:

92A
97
191
Heart protrusion 300'
Other contributory causes of importance:
Mitral valve lesion
w/ht in compensation
Arterio Sclerosis, Senility

Name of operation..... Date of.....
What test confirmed diagnosis? Cholesterol 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.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify..... (Signed) W. H. Adams M. D.
(Address) 607 N. Union St. St. Louis Mo

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.

577 McPherson
June