

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

Do not use this space.

24440

791
1003

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. St. Ann's Asylum St. Ward)

2. FULL NAME

(a) Residence, No. St. Ann's Asylum Ward
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 9 mos. 10 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>.....</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>.....</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 7-1931</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>9</u>	<u>10</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>			
	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) <u>St. Louis, Mo.</u>				
FATHER	13. NAME <u>.....</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>.....</u>			
MOTHER	15. MAIDEN NAME <u>Irene Copeland</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton, Ky.</u>			
17. INFORMANT <u>States Raymond</u> (ADDRESS) <u>St. Ann's Asylum</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery</u> DATE <u>July 18, 1932</u>				
19. UNDERTAKER <u>G. Hatcher</u> (ADDRESS) <u>1351 22nd St.</u>				
20. FILED <u>11:15:19</u> <u>May O. Starker</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

1
21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17-1932

22. I HEREBY CERTIFY, That I attended deceased from July 16, 1932 to July 17, 1932
I last saw her alive on July 16, 1932. Death is said to have occurred on the date stated above, at 5 a. m.
The principal cause of death and related causes of importance were as follows:
Insulation
191 191
Other contributory causes of importance:

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?..... (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) Julius H. Brady, M. D.
(Address) 1467 Union Ave

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.

