

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

Do not use this space.

24586

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No. Longcross Apt) St. Ward

File No.
Registered No. 6723 St. Ward

2. FULL NAME

Emelie E. Maffitt
(a) Residence, No. Union and Parkly St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 6 1848

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 9 14

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

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) St. Louis

13. NAME Wm Maffitt

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

15. MAIDEN NAME Julia Lehousteau

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Mrs Julia M. Wald
(ADDRESS) 4241 Westmoreland Pl

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE July 22 1932

19. UNDERTAKER Arthur J. Donnelly and Co
(ADDRESS) 20 3rd St

20. FILED July 23 1932 Wm C. Parker Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 20 1932

22. I HEREBY CERTIFY, that I attended deceased from June 1932, to July 20 1932.
I last saw her alive on July 20 1932. Death is said to have occurred on the date stated above, at 4:30 pm.

The principal cause of death and related causes of importance were as follows:
Myelogenous Leukemia Date of onset ?
Secondary Anemia ?
72A
71B
112
Other contributory causes of importance: malnutrition

Name of operation (blood test) Date of July 20
What test confirmed diagnosis? (Leukostain) 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

24. Was disease or injury in any way related to occupation of deceased? See
If so, specify See
(Signed) Fred Kramer M. D.
(Address) 634 N. Grand

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.

Her Kramer

634 21 Issue

Je. 9727

1-3

—