

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.

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

Do not use this space.

24605

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **#1003**
City **St. Louis no City Hospital** (No. **2**)

File No.
Registered No. **6744**
St. Ward)

2. FULL NAME

(a) Residence, No. **1326 Morgan St.** Ward. **15**
(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 **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **12-25-1871**

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day, hrs. min.
60 6 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **235**

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

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

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

13. NAME **Jas. Sanders**

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

15. MAIDEN NAME **Sallie Dickerson**

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

17. INFORMANT **A. Gertrude Creator** (ADDRESS) **City Hospital #2**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis Ill** DATE **1-21** 1932

19. UNDERTAKER **Walter Richter** (ADDRESS) **3500 Bridger St**

20. FILED **L 21** 1932 **Walter Richter** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **7-16-** 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **7-4-** 19**32**, to **7-16-** 19**32**

I last saw h. **lv** alive on **7-16-** 19**32** Death is said to have occurred on the date stated above, at **8:45 a.m.**

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

930

Date of onset

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? **clinical** 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?

If so, specify **Mary E. Hampton**, M. D.

(Address) **City Hospital No.**

