

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

Do not use this space.

24887

1. PLACE OF DEATH

County.....*St. Louis*..... Registration District No. *791*
Township.....*1008*..... Primary Registration District No. *1008*
City.....*St. Louis*..... (No. *3539 - Salena*)

File No.
Registered No. *7058*
St. Ward)

2. FULL NAME

(a) Residence, No. *3539 - Salena* St. 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 <i>Male</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Lola Higgins</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Dec 11 - 1889</i>		
7. AGE	YEARS <i>42</i>	MONTHS <i>7</i>
	DAY <i>18</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Metarman</i>	11. Total time (years) spent in this occupation <i>119</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>United Railway</i>	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mississippi</i>	
	13. NAME <i>William Higgins</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mississippi</i>	
FATHER	15. MAIDEN NAME <i>Unrecorded</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mississippi</i>	
17. INFORMANT (ADDRESS) <i>Mrs. Lola Higgins</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Coomington</i> DATE <i>July 30 1932</i>		
19. UNDERTAKER (ADDRESS) <i>Wacker, Belderle</i>		
20. FILED <i>111 29 1932</i> 19 <i>Max C. Stanley</i> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 29 1932*

22. I HEREBY CERTIFY That I attended deceased from *July 9th*, 1932, to *July 29*, 1932.
Last seen alive on *July 20th*, 1932. Death is said to have occurred on the date stated above, at *6 1/2* m.
The principal cause of death and related causes of importance were as follows:

Date of onset	<i>1930</i>
	<i>Hodgkins Disease</i>
	<i>72 B</i>
	<i>72 A</i>
	<i>71 B</i>
	<i>72 B</i>

Other contributory causes of importance:
Sunday Anemia
& Mitral Regurgitation

Name of operation.....*1* Date of.....
What test confirmed diagnosis? *Blood Exam* 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? *Yes*
If so, specify
(Signed) *H. S. Kupper*, M. D.
(Address) *3801 S. Broadway*

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.

RECORD THIS IS A PERMANENT RECORD

