

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

Do not use this space.

27588

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1003
City St. Louis, mo (No. City of St. Louis) St. Ward)

File No.
Registered No. 7403
St. Ward)

2. FULL NAME

Ella Officer
(a) Residence, No. 2115 Lucas St., St., 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>F</u>	4. COLOR OR RACE <u>Black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>abt 1858</u>		
<u>70</u> YEARS	MONTHS	DAYS
<u>74</u> yrs.		
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housework</u>	
	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) <u>Mississippi</u>		
FATHER	13. NAME <u>Jessie Fagers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>	
MOTHER	15. MAIDEN NAME <u>Marie Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u>	
17. INFORMANT <u>Mrs. M. Ellinger</u> (ADDRESS) <u>5800 Arsenal St.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>City Crematory</u> DATE <u>8/12/32</u>		
19. UNDERTAKER <u>D. Phusch</u> (ADDRESS) <u>5800 Arsenal St.</u>		
20. FILED: <u>JUG 12 1932</u> <u>Max Osterberg</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1932

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1932, to Aug. 10, 1932
I last saw her alive on Aug 9, 1932. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:
Chronic myocarditis and myocardial degeneration
Senility
Date of onset

Other contributory causes of importance:
Senility

Name of operation..... Date of.....
What test confirmed diagnosis? Examination of post-mortem

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury....., 19.....
Where did injury occur? No (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify..... (Signed) R.H. Moore, M. D.
(Address) 5800 Arsenal

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.

