

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

Do not use this space.

27609

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St Louis (No. 625 Skinker Blvd)

File No.
Registered No. 7424
St. Ward)

2. FULL NAME

Juliet Brown Ravenscroft
(a) Residence, No. 623 Skinker Blvd St. 5 Ward

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12, 1932

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1932, to Aug 12, 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 7th 1839

I last saw her alive on Aug 11, 1932 Death is said to have occurred on the date stated above, at 12:00 m.

7. AGE YEARS 95 MONTHS 5 DAYS 5 If LESS than 1 day, hrs. or min.

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

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

myocarditis etc. senile

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

930 Ardeno. Seleno. Senile

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

950 Danian Asthena

12. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

Other contributory causes of importance: 5

13. NAME J. C. Brown

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy?

15. MAIDEN NAME Juliet Batchelder

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19.....

16. BIRTHPLACE (CITY OR TOWN) Cincinnati (STATE OR COUNTRY) Ohio

Where did injury occur? (Specify city or town, county, and State)

17. INFORMANT Thers Ravenscroft (ADDRESS) 625 Skinker Bl.

Specify whether injury occurred in industry, in home, or in public place.

18. BURIAL, CREMATION, OR REMOVAL PLACE Denver Colorado DATE Aug 13th 1932

Manner of injury Nature of injury

19. UNDERTAKER Wagoner Undert Co (ADDRESS) 621 Olive St.

24. Was disease or injury in any way related to occupation of deceased? No

20. FILED Aug 13 1932 Wm C Stawley Registrar.

If so, specify

(Signed) Louis N. Robinson, M. D.
(Address) 102 No Broadway

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.

