

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

Do not use this space.

27926

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 4063  
 City St. Louis (No. Central Hospital)  
 File No. .... Registered No. 7806  
 St. .... Ward

**2. FULL NAME**

(a) Residence, No. 3615 Rowland Terrace, Maplewood Mo 12  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**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) Aug. 20, 1932

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
 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, Mo.

FATHER 13. NAME James J. Reno

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

MOTHER 15. MAIDEN NAME Margaret E. Blatten

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

17. INFORMANT (ADDRESS) James J. Reno, 3615 Rowland Terrace, Maplewood Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Parkers DATE Aug 26, 1932

19. UNDERTAKER (ADDRESS) Math Hermann & Son, 460 West Fair St.

20. FILED AUG 26 1932 May C. Starck Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1932 to Aug 25, 1932  
 I last saw him alive on August 25, 1932 Death is said to have occurred on the date stated above, at 12:20 P.M.  
 The principal cause of death and related causes of importance were as follows:

Date of onset Aug 20, 1932  
Congenital Defect  
Obstetrical Birth  
15 159 1  
 Other contributory causes of importance:  
Inanition due to non retention of food

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) D. M. Wilson, M. D.  
 (Address) 4337 Washington Blvd

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.

