

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

Do not use this space.

✓ 30966

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. Central-Hospital)

File No.....
 Registered No. 8687
 St. Ward)

2. FULL NAME

Beverly Todd
 (a) Residence, No. 2712 Glasgow St., 20 Ward.
 (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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 20, 1932</u>		
7. AGE	YEARS <u>0</u>	MONTHS <u>1</u>
	DAYS <u>7</u>	IF LESS THAN 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>none</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>St. Louis Mo</u>		
MOTHER FATHER	13. NAME <u>B. L. Todd</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>	
	15. MAIDEN NAME <u>Minnie Reppel</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lensburg Ill</u>	
17. INFORMANT <u>B. L. Todd</u> (ADDRESS) <u>2712 Glasgow</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lensburg Ill.</u> DATE <u>9/28 1932</u>		
19. UNDERTAKER <u>Astron L. Gilo</u> (ADDRESS) <u>2707 N. Grand</u>		
20. FILED <u>SEP 27 1932</u> <u>W. C. Hamper</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27-1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 20 1932 to 9-27-32 1932
 I last saw him alive on 9/26-32, 19..... Death is said to have occurred on the date stated above, at 1 a.m.
 The principal cause of death and related causes of importance were as follows:
asphyxia from tumor Date of onset 159 1610

Other contributory causes of importance:
Premature 6 1/2 months gestation

Name of operation 22 and Date of 30
 What test confirmed diagnosis? Asphyxia Was there an autopsy? no

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? none (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 none

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify no
 (Signed) W. F. Hartmann M. D.
 (Address) 2743 N. Grand

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.

MARGIN RESERVED FOR STAMP

V. G. NO. 2

