

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.

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

Do not use this space.

31078

1. PLACE OF DEATH

County Registration District No. 1
 Township Primary Registration District No. 10113
 City ST. LOUIS, MO. (No. CITY HOSP. No. 2)

File No.
 Registered No. 8845
 St. Ward)

2. FULL NAME

HATTIE SHEPARD
 (a) Residence, No. 1216 N. 12TH ST. St., 25 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 15 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX FEMALE 4. COLOR OR RACE NEGRO 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) DIVORCED
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF UNKNOWN
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-30-1883
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 11 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 238
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LAUNDRESS
 10. Date deceased last worked at this occupation (month and year) UNKNOWN 11. Total time (years) spent in this occupation UNKNOWN

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-14-1932
 2. I HEREBY CERTIFY, That I attended deceased from 8-25-, 1932 to 9-14-, 1932
 I last saw h. e. s. alive on 8-14-, 1932. Death is said to have occurred on the date stated above, at 8:15 AM.
 The principal cause of death and related causes of importance here as follows:
CHRONIC MYOCARDITIS
 Date of onset UNKNOWN
 Other contributory causes of importance: 930 (1) 930

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN
 13. NAME ACE LEWIS
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN
 15. MAIDEN NAME MARY CHAMBERS
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) TENN
 17. INFORMANT A. G. CREATH (ADDRESS) CITY HOSP No 2
 18. BURIAL, CREMATION, OR REMOVAL PLACE Fidelity Burial DATE Oct 4 1932
 19. UNDERTAKER Undertaker Burial Ass. (ADDRESS) 2632 Locust Ave
 20. FILED OCT - 4 1932 Max B. Starckloff Registrar.

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy? NO
 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?
 If so, specify
 (Signed) Am Smith, M. D.
 (Address) CITY HOSP. No. 2

