

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.

NOV 28 1932

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

Do not use this space.

33442

1. PLACE OF DEATH

County *St. Louis*
Township *St. Louis*
City *Wallerston*

Registration District No. *289*
Primary Registration District No. *6033B*
(No. *10605 Curtis Pl.*)

File No.
Registered No. *289*
St. Ward)

2. FULL NAME

(a) Residence No. *10605 Curtis Pl.* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Greenup H. Chappell*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 1 - 1857*

7. AGE YEARS *75* MONTHS *8* DAYS *18* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. *Home wife*

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) *Warrenton Mo*

13. NAME *Joseph Conn*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Sarah Means*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

17. INFORMANT (ADDRESS) *Mrs. Clara Finn 4533 Curtis Pl.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Warrenton Mo* DATE *Oct 23, 1932*

19. UNDERTAKER (ADDRESS) *C. M. Thurman Jonesburg Mo*

20. FILED *10/20* 1932 *Paul Perry Mo* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct-19* 19*32*

22. I HEREBY CERTIFY, That I attended deceased from *1899* 19. to *Oct 1932* 19*32*

I last saw her alive on *Oct 16* 19*32*. Death is said to have occurred on the date stated above, at *9:30 p.m.*

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

Myocarditis with Bronchial Asthma

Date of onset *Several years*

Other contributory causes of importance: *Some years ago suffered with Arterial Hypertension*

Name of operation *None* Date of *Physical Examination*
What test confirmed diagnosis? *Physical Examination* 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? *No*

If so, specify (Signed) *J. Meredith*, M. D. (Address) *1259 W. Kingshighway St. Louis*

