

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

Do not use this space.

34171

**1. PLACE OF DEATH**

County..... Registration District No. 5797  
Township..... Primary Registration District No. 3013  
City St Louis Mo. (No. 2603) Keffingwell

File No.....  
Registered No. 9527  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2603 Keffingwell St. 20 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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thom Wells</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 10 - 1884</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>-</u>
	DAYS <u>73</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>Maid 244</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>Miss</u>		
MOTHER	13. NAME <u>Andrew Caruthers</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Senec</u>	
	15. MAIDEN NAME <u>Liza Early</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
17. INFORMANT (ADDRESS) <u>Clara Clay</u> <u>2603 Keffingwell</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Dickson</u> DATE <u>Oct 27 1932</u>		
19. UNDERTAKER (ADDRESS) <u>W.S. Wade &amp; Co</u> <u>4202 Franklin Ave</u>		
20. FILED: <u>OCT 27 1932</u> <u>W.C. Johnson</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 23, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1932 to Oct 23, 1932.  
I last saw him alive on Oct 22, 1932. Death is said to have occurred on the date stated above, at 9 a.m.  
The principal cause of death and related causes of importance were as follows:  
Nephritis parenchymatous chronic  
131  
Date of onset 3 mos

Other contributory causes of importance: 131 1

Name of operation..... Date of.....  
What test confirmed diagnosis? Clara 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?.....  
If so, specify Vincent J. Mueller  
(Signed) (Address) 2735 Franklin

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.

