

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

Do not use this space.

34330

1. PLACE OF DEATH

County..... Registration District No. 50
Township..... Primary Registration District No. 0073
City St Louis (No. 4403, West Bell) St. Ward.

File No.
Registered No. 9696
St. Ward)

2. FULL NAME

(a) Residence, No. 4403 West Bell St., 11 Ward.

(Usual place of abode) (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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March-5-1890
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 7 17

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Bonaterre (STATE OR COUNTRY) Mo. 1

FATHER 13. NAME Charles Thomas

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) 31

MOTHER 15. MAIDEN NAME Hester Dagg

16. BIRTHPLACE (CITY OR TOWN) Mo. 1 (STATE OR COUNTRY)

17. INFORMANT Drew Cook (ADDRESS) 4403 Kelley

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 11-2- 1932

19. UNDERTAKER EMMETT TAYLOR CO (ADDRESS) 1216 KAWAN AVE

20. FILED NOV - 2 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct-22- 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 21 1932 to Oct 22 1932
I last saw him alive on Oct 21 1932. Death is said to have occurred on the date stated above, at 12:50 P.m.
The principal cause of death and related causes of importance were as follows:

Tub. Tuberculosis
23A
23
Other contributory causes of importance: (1)
Date of onset 3/11/0

Name of operation Cholec Date of
What test confirmed diagnosis? Cholec (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) Vincent J. Mullen M. D.
(Address) 2335 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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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