

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

Do not use this space.

37466

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City St. Louis (No. City Hospital)

File No.....  
Registered No. 10137  
St. .... Ward)

# 13204

**2. FULL NAME** Gussie Hastings  
(a) Residence, No. 2812 No. 22nd St. Ward 2  
(Usual place of abode)  
Length of residence in city or town where death occurred 8 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>Married</u>
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Thomas Hastings</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 18 - 1883</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>8</u>
	DAYS <u>26</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>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 15th 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 3rd 1932 to Nov. 15th 1932  
I last saw her alive on Nov. 15th 1932. Death is said to have occurred on the date stated above, at 7:00 a.m.  
The principal cause of death and listed causes of importance were as follows:  
Retro-peritoneal tumor (carcinoma sarcoma)  
46 & 46 W  
34  
Other contributory causes of importance: Central nervous system syphilis  
Date of onset 11-3-32 +

12. BIRTHPLACE (CITY OR TOWN) Shelbyville 2  
(STATE OR COUNTRY) Tennessee

13. NAME Sam Thomas

14. BIRTHPLACE (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

15. MAIDEN NAME Jennie Watkins

16. BIRTHPLACE (CITY OR TOWN) Tennessee  
(STATE OR COUNTRY)

17. INFORMANT Hospital Information  
(ADDRESS) City Hospital

18. BURIAL, CREMATION OR REMOVAL PLACE New Bethel Cemetery DATE Nov. 18, 1932

19. UNDERTAKER Goodhue & Goodhue  
(ADDRESS) 2220 St. Louis Ave.

20. FILED NOV 16 1932 Wm C. Starnes  
Registrar

Name of operation..... Date of.....  
What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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? 1  
If so, specify.....  
(Signed) Arthur G. Hines M. D.  
(Address) City Hospital

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.

Passerina