

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1000
City St. Louis (No. City Hospital)

File No. 41868
Registered No. 10956
St. Ward)

2. FULL NAME

(a) Residence, No. 1306 Arsenal St. 24 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 25 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>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 17 - 1855</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>77</u> | <u>2</u> |
| | | <u>22</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | | <u>Housework</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) <u>10 - 1932</u> | | 11. Total time (years) spent in this occupation. <u>50 yrs</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mrs</u> | | |
| 13. NAME <u>Edw. Thurman</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mrs.</u> | | |
| 15. MAIDEN NAME <u>Sarah Pinedexter</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mrs.</u> | | |
| 17. INFORMANT (ADDRESS) <u>Hospital Information</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews Cem</u> DATE <u>Dec. 13</u> 19 <u>32</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>E. J. Schuur</u> | | |
| 20. FILED <u>DEC 11 1932</u> <u>City Hospital</u> Registrar. | | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 28th 1932 to Dec. 9th 1932

I last saw her alive on Dec. 9th 1932 Death is said to have occurred on the date stated above, at 2:09 PM

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

Date of onset

Cerebral Hemorrhage
9:30 A
9:24
1:07 A 9:30

Other contributory causes of importance:
Chr. Myocarditis
Terminal bronchopneumonia

0 Name of operation None Date of.....
What test confirmed diagnosis? Clinical 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) Maurice A. Beebe, 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.

Link