

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

Do not use this space.

42036

File No. _____
Registered No. **11159**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City **St. Louis** (No. **3331 North 11th**)

2. FULL NAME

(a) Residence, No. **3331 North 11th** St. **16** 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 Edward Finn		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 9, 1873		
7. AGE	YEARS 59	MONTHS 10
	DAYS 5	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
	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) (STATE OR COUNTRY)
St. Louis Mo 1

13. NAME
Thomas Trigg

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Orlando Fla 8

15. MAIDEN NAME
Mary McRae

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Not known 51

17. INFORMANT (ADDRESS)
Edward Finn 3331 North 11th Street

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE
Calvary Dec. 17 1932

19. UNDERTAKER (ADDRESS)
Math. Hermann 49 Jay

20. FILED **DEC 15 1932** **Max Stauder** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec. 14 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 12** 1932, to **Dec 14** 1932.

I last saw her alive on **Dec 14** 1932. Death is said to have occurred on the date stated above, at **12:00 P.M.**

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

diabetes mellitus
59
48B **59**
Other contributory causes of importance:
diabetic coma
gangrene of toes

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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?
If so, specify _____

(Signed) **Jessie Gill**, M. D.

(Address) **3636 26th Street**

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.

