

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.

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

Do not use this space.

42453

1. PLACE OF DEATH

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

File No. 11585  
Registered No. 11585  
St. 6 Ward 6

2. FULL NAME

(a) Residence, No. 3607 Marcus St., 6 Ward. (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>White</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>Lawrence Foley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 7 - 1905</u>		
7. AGE	YEARS <u>27</u>	MONTHS <u>11</u>
	DAYS <u>17</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)..... <u>11-15-32</u>	
11. Total time (years) spent in this occupation..... <u>11-15-32</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>		
FATHER	13. NAME <u>George Le-Vene</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis</u>	
MOTHER	15. MAIDEN NAME <u>Georgia Richardson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>Lawrence Foley</u> <u>3607 Marcus</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary Cemetery</u> DATE <u>Dec 28 32</u>		
19. UNDERTAKER (ADDRESS) <u>Trouty O'Connell</u> <u>7600 North Bridge</u>		
20. FILED <u>11-C 27 1932</u> <u>May C. Parker</u> Registrar. <u>12/27/32</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 24 1932

22. I HEREBY CERTIFY, That I attended deceased from Dr. Chappin, 1932, to 1932

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Acute Septic Metritis & Endometritis  
Acute Fibrous Cerebellar Arteriosclerosis  
Septicemia

Other contributory causes of importance:  
Following Abortion  
Homicide

Name of operation..... Date of.....  
M. Homicide

What test confirmed diagnosis?..... 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.....  
Where did injury occur?..... (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.  
Aborted

Manner of injury.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) J. W. Kerner M.D.  
Def. Coroner

