

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

Do not use this space.

42480

1. PLACE OF DEATH

County Registration District No. *5700*
Township Primary Registration District No. *100-155*
City *St. Louis Mo.* (No.) *Sanitarium* St. Ward)

File No.
Registered No. **11617**
St. Ward)

2. FULL NAME

(a) Residence, No. St. *13* Ward. *St. Louis County Mo.*
(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 <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>[Blank]</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>		
7. AGE YEARS <i>about 36</i>	MONTHS	DAYS
IF LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Unknown</i>	11. Total time (years) spent in this occupation <i>Unknown</i>
	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) <i>Unknown</i>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown Missouri*

MOTHER FATHER 13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *31*

15. MAIDEN NAME

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

17. INFORMANT *J. J. Verneuil M.D.*
(ADDRESS) *5400 Arsenal St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington* DATE *12-21-1932*

19. UNDERTAKER *Walter Richter*
(ADDRESS) *2500 Rutledge St*

20. FILED **DEC 28 1932** *Walter Richter*
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 15 1932*

22. I HEREBY CERTIFY, That I attended deceased from *July 1 1930* to *Dec. 15 1932*
I last saw her alive on *Dec. 15 1932* Death is said to have occurred on the date stated above, at *10:39 am*.
The principal cause of death and related causes of importance were as follows:

Epilepsy (Idiopathic)
Hemiplegic (Right)
Other contributory causes of importance:
[Blank]

Date of onset	<i>July 1 1930</i>
	<i>+</i>
	<i>+</i>

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

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 *(1)*

24. Was disease or injury in any way related to occupation of deceased?
If so, specify *Julius L. Verneuil M.D.*
(Signed) *[Signature]* (Address) *5400 Arsenal*

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.

