

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

Do not use this space.

42483

**1. PLACE OF DEATH**

County..... Registration District No. 701  
Township..... Primary Registration District No. 1000  
City St. Louis Mo (No. City Hospital # 2)

File No.....  
Registered No. 11620  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2939 Easton St., 21 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>Coe</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>Willie King</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>abt. 25</u>	<u>-</u>	<u>-</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>235</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia 2</u>			
	13. NAME <u>unknown</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown 31</u>			
	15. MAIDEN NAME <u>unknown</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
	17. INFORMANT <u>A Gertrude Cleath</u> (ADDRESS) <u>City Hospital # 2</u>			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>St Louis 11</u> DATE <u>12-12-1932</u>				
19. UNDERTAKER <u>Walter Richter</u> (ADDRESS) <u>3500 Patton St</u>				
20. FILED <u>DEC 28 1932</u> <u>W. E. ...</u> Registrar.				

**MEDICAL CERTIFICATE OF DEATH**

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-19-1932

2. I HEREBY CERTIFY, That I attended deceased from 12-19-1932 to 12-19-1932

I last saw h alive on 12-19-1932 Death is said

to have occurred on the date stated above, at 11 A.M.

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

Date of onset

93c  
Chronic myeloid  
Other contributory causes of importance: 93c

Name of operation Ch. Del. Date of no  
What test confirmed diagnosis? Ch. Del. 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 (Circled)  
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify Chronic myeloid  
(Signed) W. E. ... M. D.  
(Address) City Hospital # 2

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.

