

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

Do not use this space.

42548

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 10083  
City St. Louis Mo (No. City Hospital #2)

File No.....  
Registered No. 11691  
St..... Ward.....

**2. FULL NAME**

(a) Residence, No. Pauline Scott St. 22 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 <u>Female</u>	4. COLOR OR RACE <u>Col</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 Scott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>11-22-1900</u>		
7. AGE	YEARS	MONTHS
	<u>32</u>	<u>1</u>
		DAYS
		<u>2</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>235</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housewife</u>
	10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) 1

13. NAME Edw. Stockard

14. BIRTHPLACE (CITY OR TOWN) Miss (STATE OR COUNTRY) 21

15. MAIDEN NAME Mollie Shennough

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY) 1

17. INFORMANT Edw. Stockard (ADDRESS) City Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood Cem DATE 12/31/32

19. UNDERTAKER Peoples and Co (ADDRESS) City Hosp #2

20. FILED DEC 29 1932 W. C. Starnes Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12-13, 1932, to 12-27, 1932. I last saw h alive on 12-27, 1932. Death is said to have occurred on the date stated above, at 2:30 p.m.

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

144 B  
1938  
Lobar Pneumonia  
Other contributory causes of importance:  
144 B  
Retained Placenta

Name of operation..... Date of.....  
What test confirmed diagnosis Culture. 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.....

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

If so, specify.....

(Signed) Emmett, 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.

