

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

Do not use this space.

42621

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 1713-R) 11 St. Ward

File No.
Registered No. 11765
St. Ward

2. FULL NAME

(a) Residence, No. 1713-R-11 St., 26 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF HUSBAND OF Jake Storrfield
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 46

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
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) Evansville Ind

MOTHER 13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

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

17. INFORMANT Jake Storrfield
(ADDRESS) 1715-R-11

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 12-31 1938

19. UNDERTAKER A. S. Bell
(ADDRESS) 2726

20. FILED 31113 1938 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY AND YEAR) 12/24/32 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec/18 1932 to Dec/24/32 19.....

I last saw her alive on Dec/23/32 19..... Death is said

to have occurred on the date stated above, at 12/45A St. The principal cause of death and related causes of importance were as follows:

Mitral Insufficiency Date of onset 8MO

Other contributory causes of importance: 13 1/2 yrs 13 1/2 (1)

Parenchymatous Nephritis 2Yrs.

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.....

24. Was disease, injury in any way related to occupation of deceased? NO
If so, specify.....
(Signed) W. H. Moore M. D.
of Franklin, St. Louis, Mo.
(Address).....

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.

