

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

Do not use this space.

116/33
 B. J. Turner, M.D.
 Registrar
 Clayton, Mo

1. PLACE OF DEATH

County St. Louis (Registration District No. 790) File No. 3086
 Township Central Primary Registration District No. 6033 Registered No. _____
 City St. Louis County Mo (No. 151) St. Louis County Hospital (Ward) _____

2. FULL NAME

(a) Residence, No. 6126 Mererouf, Welbston (If nonresident, give city or town and State)
 (Usual place of abode)
 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>Cold</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____					
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>About 69</u>					
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Domestic</u>				
	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) _____		11. Total time (years) spent in this occupation _____		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Genevieve MO</u>					
MOTHER	13. NAME <u>Not known</u>				
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>				
	15. MAIDEN NAME <u>Albetta Sawyer</u>				
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>				
17. INFORMANT <u>Ray Sweeney</u> (ADDRESS) <u>6124 Mererouf St</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lucy Wood Cemetery</u> DATE <u>Jan 18, 1933</u>					
19. UNDERTAKER <u>W. H. Best & Co.</u> (ADDRESS) <u>2726 Lucas Ave.</u>					
20. FILED <u>Jan 17, 1933</u> <u>RW Sullivan</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 29, 1932 to Dec 2, 1932.
 I last saw her alive on Dec 2, 1932. Death is held to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:
1932
551
Chronic myocardia
OT embolus of mesenteric
96

Other contributory causes of importance:
Also (and for St. Louis Co. Health Commission) Dr. O'Brien,
Also Dr. F. Peterson, St. Louis Co. Health.

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 or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) J. H. Rogers M.D.
 (Address) St. Louis Co. Hosp
Clayton, Mo

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.

