

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

Do not use this space.

364

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 100083  
 City St. Louis (No. 100083)  
Wagoner Hotel

File No. ....  
 Registered No. 588  
 St. .... Ward

**2. FULL NAME**

(a) Residence, No. Wagoner Hotel St. 12 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Albert Edward

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1853

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>79</u>	<u>7</u>	<u>2</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home

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) New York, N. Y.

13. NAME Wagoner

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) W. J. Damm  
7916 Bonhomme Ave Clayton

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Jan 17, 1933

19. UNDERTAKER (ADDRESS) Wagoner  
3621 Olive St

20. FILED Jan 17 1933 Max A. Stark Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15, 1933

22. I HEREBY CERTIFY That I attended deceased from 1-12, 1930, to 1-15, 1933  
 I last saw her alive on 1-15, 1933. Death is said to have occurred on the date stated above, at 5:45 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Bronchopneumonia  
Chromyocarditis  
 Date of onset 1-11-33

Other contributory causes of importance:  
Chromyocarditis

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? no  
 If so, specify \_\_\_\_\_  
 (Signed) J. H. Humphrey, M. D.  
 (Address) 4982 T. Holoman

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.

74 5.326

4982 Tholoyane

2

1920 15  
1951 6-13  
198 9-2

1982  
66  
1351