

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

Do not use this space.

4001

1. PLACE OF DEATH

County..... Registration District No. 5001
Township..... Primary Registration District No. 5000
City St. Louis Mo. (No. 1821) Market

File No.....
Registered No. 967
St. Ward)

2. FULL NAME

(a) Residence. No. St., 22 Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Curd Hillis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 2/2/1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 11 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work..... Housewife
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Baton Rouge, La.
(STATE OR COUNTRY)

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Curd Hillis
(Address) 2820 Stoddard St.

15. FILED JAN 27 1933 W. C. Starnley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/21/1933

17. I HEREBY CERTIFY, That I attended deceased from 12/25/32 1932 to 1/21 1933 that I last saw her alive on 1/21 1933, and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
11 Carbosis of liver
1 1/2 4 5 (duration) yrs. 5 mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physic M. D.
(Signed).....
. 19 (Address) 214 Peoples Bldg

*State the DISEASE CAUSING DEATH, or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis Cemetery DATE OF BURIAL 1/31 1933

20. UNDERTAKER Elbio Funeral Home ADDRESS 2820 Stoddard

