

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

Do not use this space.

11255

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis (No. City Hospital #2)

File No. ....

Registered No. 2308

St. .... Ward .....

**2. FULL NAME**

Caro May Houde

(a) Residence, No. 2814 1/2 Howard St., 20 Ward.

(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 Pal. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 29 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8 1 5

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Dumber School

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) St. Louis, Mo.

13. NAME Will Hoyal

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

15. MAIDEN NAME Christine Goggins

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

17. INFORMANT (ADDRESS) Will Hoyal 2814 1/2 Howard

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Father Pickens 3/9 1933

19. UNDERTAKER (ADDRESS) J. D. Richardson 2600 1/2 S. Broadway

20. FILED Mar 5 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 4, 1933

22. I HEREBY CERTIFY, That I attended deceased from .....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:55 p.m.

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

Shock & Burns (1st & 2d degree), due to clothing becoming ignited when coal oil can exploded while pouring coal oil on fire in stove at residence on Mar. 4, 1933.

Other contributory causes of importance: residence on Mar. 4, 1933.

1st accident

(no burning building)

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 3/4 1933

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In Home

Manner of injury Explosion of coal oil can

Nature of injury 1st & 2d degree Burns

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

If so, specify No

(Signed) Harold G. Glick Deputy Registrar

3/7/33 (Address) .....

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.

MICROFILM RESERVED FOR OTHER USES

S. NO. 2

