

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 701
 Township Primary Registration District No. 1000
 City St. Louis (No. City Hospital #2) St. Ward)

File No. 11535
 Registered No. 2609

2. FULL NAME

(a) Residence, No. 3225 Laclède St., 21 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-11-1883</u>		
7. AGE	YEARS <u>50</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Work</u>	
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) Ala

FATHER 13. NAME Anthony Simpson

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) A. Bertrude Creath #2 City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Florence Ala DATE 3/20 1933

19. UNDERTAKER (ADDRESS) R. M. C. Green 3517 Laclède Ave

20. FILED MAR 20 1933 Map C. Starbuck Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1-1933 to 3-15-1933

I last saw h. li alive on 3-15-1933. Death is said to have occurred on the date stated above, at 400 m.

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

131
950
Chronic Myocarditis
 Other contributory causes of importance:
Chronic nephritis
Valvula

Name of operation Date of
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 Chronic Myocarditis
 (Signed) W. Smith M. D.
 (Address) City Hospital #2

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

