

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

Do not use this space.

14308

1. PLACE OF DEATH

County St. Charles Registration District No. 457
Township St. Charles Primary Registration District No. 3036
City St. Charles (No. 1048, Pine St. Ward)

File No. _____
Registered No. 17
St. 4 Ward

2. FULL NAME

(a) Residence, No. 1048 Pine St., 4 Ward.

(Usual place of abode)
Length of residence in city or town where death occurred 59 yrs. 7 mos. 25 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 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 Ed. Williams

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 4, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 7 25

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
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) 3 yrs ago 11. Total time (years) spent in this occupation 30 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Charles, Mo

MOTHER FATHER
13. NAME John Taylor

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

15. MAIDEN NAME Lucy North

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Lovenia Mae Stewart (ADDRESS) 1046 Pine St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem DATE May 6, 1933

19. UNDERTAKER Stumbiker Funerals (ADDRESS) St. Charles, Mo

20. FILED 96 1933 H. B. Bloebaum Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 27, 1933 to April 29, 1933
I last saw her alive on April 24, 1933. Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:

Aneurysm
Influenza
Other contributory causes of importance: _____
Date of onset 7 yrs ago
96
3/27/33

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? no

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) B. P. Wentker, M. D.
(Address) St. Charles, Mo

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.

MAY 24 1933

