

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
 Township Central
 City Clayton (No. St. Louis County Hoop)

Registration District No. 690
 Primary Registration District No. 6033

File No. 17723
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 123 E. Cleveland St. Ward _____
 (Usual place of abode)

(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 White 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) Oct 3-1911

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 7 15

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. (4)

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 2 1/2

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

MOTHER FATHER 13. NAME John J. Hill

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

15. MAIDEN NAME Elva Mc Coy

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

17. INFORMANT (ADDRESS) Elva Hill 123 E. Cleveland

18. BURIAL, CREMATION, OR REMOVAL PLACE St Matthews DATE 5-22-33

19. UNDERTAKER (ADDRESS) Bariett Service 4016 Chippewa

20. FILED May 18 19 33 R. W. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 18 1933

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at 4 P. m.

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

Place of death St. Louis Date of onset _____

County Hospital acute peritonitis, pelvic origin, antecedent infection paratyphoid with enterostomy & other evidence of previous infection & perforation of uterus or trauma from that remains in abdomen could be other contributory causes of importance: acute peritonitis, pelvic in origin, antecedent with infection paratyphoid with enterostomy & other evidence of previous infection & perforation of uterus or trauma from that remains in abdomen

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. Post Mortem findings: Septic abortion.

Manner of injury _____ Nature of injury _____

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

If so, specify _____

(Signed) Saba B. Simon M. D.

(Address) 3718 Juniper Rd.

St. Louis Co, Mo 5/17/33

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.

JUN 23 1933

22-1-20

Cause of death: Acute peritonitis, pelvic in origin;
abortion with infection parylitic ileus with enterostomy;
and other evidences of septicemia. No evidence of perforation
of the uterus or trauma aside from that seen in any abortion
could be found.

Septicemia; septic abortion.

Findings from Post Mortem.

Entered St. Louis County Hospital o May 8th 1933.

Died May 18th 1933.