

**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 *North St. Louis*  
City *St. Louis* (No. *Mo.*)

Registration District No. *1123*  
Primary Registration District No. *6248 B*

File No. *17741*  
Registered No. *168*  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. *4033 Cook* *St. Louis, Mo.* Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred *5 yrs.* 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 <i>Female</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Theodore Matthews (sep)</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 3, 1905</i>				
7. AGE	YEARS <i>28</i>	MONTHS <i>0</i>	DAYS <i>19</i>	IF LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Stenographer</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>J. M. C. A.</i>
	10. Date deceased last worked at this occupation (month and year) _____
	11. Total time (years) spent in this occupation <i>8</i>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Little Rock, Ark.*

13. NAME  
*Felix Priestley*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Louisiana*

15. MAIDEN NAME  
*Della Harris*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
*Miss.*

17. INFORMANT (ADDRESS)  
*Hosp. Record*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE  
*Washington Park May 25, 1933*

19. UNDERTAKER (ADDRESS)  
*C. J. Young 4400 Kennedy Ave*

20. FILED *May 27, 1933* *L. C. Obate* M. U. Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 22, 1933*

22. I HEREBY CERTIFY, That I attended deceased from *July 1, 1932* to *May 22, 1933*. I last saw *exp* alive on *May 22, 1933*. Death is said to have occurred on the date stated above, at *3:30 p.m.* The principal cause of death and related causes of importance were as follows:

*Bilateral Pulmonary Tuberculosis with Cavitation* Date of onset *Dec. 1930*

Other contributory causes of importance:  
*Frequent Pulmonary Hemorrhage*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis *Ph. Em. X-ray* 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.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) *Melvin Jessa* \_\_\_\_\_, M. D.  
(Address) *Koch Hosp, Koch, 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.

JUN 23 1933

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FROM THE BUREAU OF RECORDS

