

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

Do not use this space.

18354

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis, Mo. (No. St. Louis Mat. Hosp.)

File No.
Registered No. 4607
St. Ward)

2. FULL NAME

(a) Residence, No. 1606 Martha Pekin St. 12 Ward. Pekin Ill
(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)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-14-33
7. AGE YEARS MONTHS DAYS 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.
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

MOTHER FATHER
13. NAME Arthur Morris Severe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Union City Iowa

MOTHER
15. MAIDEN NAME Edythe Mae Peins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Plattsmouth Neb.

17. INFORMANT Arthur M. Severe
(ADDRESS) Pekin Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Assumed as per 5/14/33 DATE 14/33 19.

19. UNDERTAKER Dept. of Pathology
(ADDRESS) Washington Gen. Hosp. Sec. 04

20. FILED MAY 24 1933
J. Breake
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-14-1933

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 4:20 m.
The principal cause of death and related causes of importance were as follows:

Date of onset
Prematurity
159
151 A 159
Other contributory causes of importance:
asthenia congenita
prematurity

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.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) J. Beckel, M. D.
(Address).....

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

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