

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

Do not use this space.

21094

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 710 (1924)
City St. Louis, Mo. No. City Hospital 2

File No.
Registered No. 4855
St. Ward)

2. FULL NAME

(a) Residence, No. 1511 N 19th St. 26 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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>widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-1-1869</u>				
7. AGE	YEARS <u>63</u>	MONTHS <u>10</u>	DAYS <u>-</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>Housework</u>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MOTHER FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>			
	13. NAME <u>Black Bonnar</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N.Y.C.</u>			
	15. MAIDEN NAME <u>Eva Graham</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Va</u>			
	17. INFORMANT <u>A. H. Galt</u> (ADDRESS) <u>City Hospital #2</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cremated</u> DATE <u>6-5</u> 19 <u>33</u>				
19. UNDERTAKER <u>A. J. Galton</u> (ADDRESS) <u>2707 Grand St.</u>				
20. FILED <u>LN -3 1333</u> 19 <u>33</u> <u>J. Bredbeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-1-1933

22. I HEREBY CERTIFY, That I attended deceased from 5-26, 1933 to 6-1, 1933

I last saw her alive on 6-1-33 1933 Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Date of onset

Chronic myocarditis
Chronic nephritis

Other contributory causes of importance: 93C

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 Chronic

(Signed) C. 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.

WHILE FILING THIS WITH CHARGING INSTRUMENTS IS A PERMANENT RECORD

