

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 707
Township..... Primary Registration District No. 7000
City St. Louis Children's Hospital 5005a Kingshighway, St. Louis, Mo. (Ward)

File No. 21211
Registered No. 4986

2. FULL NAME Maseley, Esther

(a) Residence, No. 3338 Pine St., 21 Ward.

Length of residence in city or town where death occurred Life 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 <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Child</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-29-22</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>10</u>	<u>9</u>	<u>4</u>	
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..... <u>Child</u>			
12. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Missouri</u> (STATE OR COUNTRY)				
FATHER	13. NAME <u>Roscoe</u>			
	14. BIRTHPLACE (CITY OR TOWN) <u>St. Louis, Missouri</u> (STATE OR COUNTRY)			
MOTHER	15. MAIDEN NAME <u>Flossie May</u>			
	16. BIRTHPLACE (CITY OR TOWN) <u>Tennessee</u> (STATE OR COUNTRY)			
17. INFORMANT <u>R. E. Anthony</u> (ADDRESS) <u>500 So. Kingshighway St. Louis Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father's Religion Co.</u> DATE <u>6/8th</u> 19 <u>33</u>				
19. UNDERTAKER <u>H. C. Gordon Undertaking Co.</u> (ADDRESS) <u>2649 Belmont Blvd. -</u>				
20. FILED <u>N-8 1933</u> Registrar. <u>J. J. Bredack</u>				

MEDICAL CERTIFICATE OF DEATH

5

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-2, 1933

22. I HEREBY CERTIFY, That I attended deceased from 5-1, 1933, to 6-2, 1933
I last saw her alive on 6-2, 1933 Death is said to have occurred on the date stated above, at 11:30 a. m.
The principal cause of death and related causes of importance were as follows:
Rheumatic heart disease
Acute Pericarditis
Myocarditis
Pulmonary
Bronchopneumonia
Date of onset March 1932
Other contributory causes of importance: 56
5-14-33

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? Yes

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) W. E. Keiter, M. D.
(Address) 500 So Kingshighway

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.

