

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

Do not use this space.

21966

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **10001**

City **St. Louis** (No. **City Hospital**)

File No.

Registered No. **6529**

St. Ward)

2. FULL NAME

(a) Residence, No. **2002 Chestnut** Ward. **25**
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **30** 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) **married**

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Thos. Smith**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 15th 1862**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	71	2	12	

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

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) **Scateville**
(STATE OR COUNTRY) **Ohio**

13. NAME **Wm. Stiles**

14. BIRTHPLACE (CITY OR TOWN) **Scateville**
(STATE OR COUNTRY) **Ohio**

15. MAIDEN NAME **Sara**

16. BIRTHPLACE (CITY OR TOWN) **Scateville**
(STATE OR COUNTRY) **Ohio**

17. INFORMANT (ADDRESS) **Hospital information**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis** DATE **1-5**, 19**33**

19. UNDERTAKER (ADDRESS) **Walter Richter**

20. FILED **JUL 28 1933** **J. F. Bedeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 27th 1933**

22. I HEREBY CERTIFY, that I attended deceased from **June 22, 1933**, to **June 27, 1933**
I last saw her alive on **June 27th 1933** Death is said to have occurred on the day stated above, at **8:35 A.M.**
The principal cause of death and related causes of importance were as follows:

Peptic Ulcer (Hemorrhaging)
117A
118C
Other contributory causes of importance: **118**

Name of operation Date of
What test confirmed diagnosis? **clin** Was there an autopsy? **No**

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) **J. Malman**, M. D.
(Address) **City Hospital**

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.

APR 26 1933

92 93 94

MAIN RESERVED FOR BINDING

V. S. NO. 2

Smith