

**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. 791
Township..... Primary Registration District No. 1002
City St. Louis Mo. (No. City Hospital 2)

File No. 24516
Registered No. 5897
St. Ward)

2. FULL NAME

(a) Residence, No. 4251 W. Cook St. 11 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Coe</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-7-1875</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>58</u>	<u>4</u>	<u>24</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..... <u>Domestic</u>			
	10. Date deceased last worked at this occupation (month and year).....		11. Total time (years) spent in this occupation.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	13. NAME <u>Willis Mitchell</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	15. MAIDEN NAME <u>Elysa Smith</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>			
	17. INFORMANT <u>A. Gertrude Creath</u> (ADDRESS) <u>City Hospital 2</u>			
18. BURIAL, CREMATION, OR REINTERMENT				
PLACE <u>Greenwood</u>		DATE <u>7/6/33</u> 19 <u>33</u>		
19. UNDERTAKER <u>English Undertaking Co.</u> (ADDRESS) <u>293 1/2 Cass Ave</u>				
20. FILED <u>66-8-1433</u> <u>J. Bredeck</u> Registrar.				

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-3-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-21-33, 1933, to 7-3-33, 1933.
I last saw him alive on 7-3-33, 1933. Death is said to have occurred on the date stated above, at 1120.
The principal cause of death and related causes of importance were as follows:
930
Chronic Myocarditis
930
Other contributory causes of importance:
Hypertension

Name of operation..... Date of.....
What test confirmed diagnosis? Standard 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?
If so, specify Russell Smith M. D.
(Signed) City Hospital 2
(Address)

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.

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