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

Do not use this space.

25260 A

1. PLACE OF DEATH
County St. Louis — Registration District No. 791
Township St. Mary's Hospital — Primary Registration District No. 1002
City St. Louis — (No. ..... St. ..... Ward)

File No. .....
Registered No. 8055

2. FULL NAME Beulah Pinkney
(a) Residence, No. Lovejoy, Ill. St., ✓✓ 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. 2 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF William Pinkney

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 3, 1898

7. AGE 35 YEARS — MONTHS 0 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Mississippi

FATHER
13. NAME Turner Douglas
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

MOTHER
15. MAIDEN NAME Catherine Gavin
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ?

17. INFORMANT (ADDRESS) Wm. Pinkney Lovejoy Ill

18. BURIAL, CREMATION, OR REMOVAL
PLACE Potter's Field, DATE 9-16-33

19. UNDERTAKER (ADDRESS) Wm Nunley 2812 Thomas Street

20. FILED SEP 16 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-29-1933

22. I HEREBY CERTIFY, That I attended deceased from July 27, 1931, to July 29, 1933
I last saw her alive on July 29, 1931. Death is said to have occurred on the date stated above, at 4:20 A.m.
The principal cause of death and related causes of importance were as follows:

Puerperal Eclampsia — Date of onset

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Other contributory causes of importance:

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) R. W. White, M. D.
(Address) St. Mary's Infirmary

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.

OCT 20 1933

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[illegible]

[illegible]

[illegible]