

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

Do not use this space.

27532

1. PLACE OF DEATH

County St. Louis
Township Webster Groves
City Webster Groves (No. 913 North Rock Hill)

Registration District No. 788
Primary Registration District No. 4471

File No. _____
Registered No. 85
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Steelville St. Mo Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. 1 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. Lovell Bair

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 - 1868

7. AGE YEARS 65 MONTHS 7 DAYS 17 If LESS than 1 day, _____ hrs. _____ min.

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

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) St. Louis (STATE OR COUNTRY) Mo

13. NAME Adrian De Yong

14. BIRTHPLACE (CITY OR TOWN) Amsterdam (STATE OR COUNTRY) Holland

15. MAIDEN NAME Elenor Mc Gowin

16. BIRTHPLACE (CITY OR TOWN) Canada (STATE OR COUNTRY) _____

17. INFORMANT Adrian De Yong III (ADDRESS) 913 North Rock Hill

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Aug 22, 1933

19. UNDERTAKER Baker and Co (ADDRESS) Webster Groves Mo

20. FILED _____, 19____ Registrar _____

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19th 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1st - 1933 to Aug 19 - 33
I last saw her alive on Aug 19, 1933 Death is said to have occurred on the date stated above, at 12:30 p.m.

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

Thrombosis phlebitis in both legs
Embolism
Chronic vascular disease
1. Myocarditis
2. Arteriosclerosis

Other contributory causes of importance: _____

Name of operation No Date of _____
What test confirmed diagnosis clinical 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) W. A. Sackroff, M. D.
(Address) 17 E. Jackson

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.

SEP 26 1933

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