

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

Do not use this space.

27866

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 100
 City St. Louis, Mo. (No. City Hospital #2) St. Ward) Registered No. 6907

2. FULL NAME

(a) Residence, No. 2112 Franklin St. 21 Ward. (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 Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown 1873
 7. AGE YEARS 40 MONTHS 7 DAYS 7 If LESS than 1 day, hrs. or min.

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. Housework 107A
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. 75B

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER FATHER
 13. NAME unknown Pat

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT A St. Louis Death City Hospital
 (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Father's Burial DATE Aug 10 1933

19. UNDERTAKER J. J. Grayson
 (ADDRESS) 1734 Clayton Ave

20. FILED 10 1933 19 J. F. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

2
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-4-1933
 22. I HEREBY CERTIFY, That I attended deceased from 7-30-1933 to 8-4-1933
 I last saw him alive on 8-4-1933 Death is said to have occurred on the date stated above, at 11a m.
 The principal cause of death and related causes of importance were as follows:

Date of case
Broncho Pneumonia
107A
 Other contributory causes of importance: Acute Alcoholism
107A

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

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.

SEPT 22 6 1933

