

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

Do not use this space.

27968

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1008
 City St. Louis Mo. (No. City Hospital No. 1) St. Ward)

File No.
 Registered No. 7029

2. FULL NAME

(a) Residence, No. 4320 Maryland St. 19 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 19 1913

7. AGE YEARS 20 MONTHS 3 DAYS 25 If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic fields

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) St. Louis Mo.

13. NAME Jerry Alexander

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

15. MAIDEN NAME Julian Progamartan

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

17. INFORMANT (ADDRESS) Dr. J. M. Kent City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Mo. DATE Aug 15 1933

19. UNDERTAKER (ADDRESS) Lewis Med. Co. 6 Ordway Bldg

20. FILED Aug 14 1933 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

320 Physician in attendance
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 1933

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at 11:55 am

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

Pelvic Peritonitis
Pelvic Abscess
Followed self induced abortion
 Date of onset
 Other contributory causes of importance:
Abortion

Name of operation Date of
 What test confirmed diagnosis? 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) J. P. Scenery
 (Address) St. Louis Mo.

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.

SEP 26 1933

