

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

Do not use this space.

28016

1. PLACE OF DEATH

City St. Louis Mo Registration District No. 791
Township D Primary Registration District No. 1000
City St. Louis Mo (No. City Hospital 2) St. _____ Ward _____

File No. _____
Registered No. 7091
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1131 N 23rd 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 <u>Female</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>		
7. AGE YEARS <u>abt 35</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Housework</u>
10. Date deceased last worked at this occupation (month and year) _____		

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

FATHER 13. NAME unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

MOTHER 15. MAIDEN NAME Lillie Wagner

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

17. INFORMANT A. Elizabeth Blath (ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE WASHINGTON OK DATE 12/18 1933

19. UNDERTAKER A. RUSSELL UND. CO. (ADDRESS) 2732 Olive St. St. Louis Mo

20. FILED 17 1933, BY J. F. Buedeck Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-13-1933

22. I HEREBY CERTIFY, That I attended deceased from 8-9-1933 to 8-13-1933, 1933
I last saw him alive on 8-13-1933, 1933 Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:

82A
820

Cerebral Hemorrhage -
Hemiplegia - right side

Other contributory causes of importance: EMH

Name of operation _____ Date of _____
What test confirmed diagnosis? Chemical 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 _____, 1933

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) A. Owen Blackel, M. D.
(Address) City Hospital

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

293
2
2
2

