

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

Do not use this space.

31071

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis Mo. Lutheran Hospital

File No.....  
Registered No. 7755  
St..... Ward)

**2. FULL NAME**

(a) Residence, No. 2648A Rutger St., 22 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. 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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 11-1903

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
29 11 25

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

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) Louisiana

13. NAME Webb Reed

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

15. MAIDEN NAME Clara Stewart

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

17. INFORMANT (ADDRESS) Mr. Roy Jackson, 2648A Rutger St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Hope Cem. DATE Sept 8 1933

19. UNDERTAKER (ADDRESS) E. J. Schur, 3125 Lafayette av.

20. FILED P-7 1933 J. Biedeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 4 1933 to Sept. 5 1933  
I last saw her alive on Sept. 5 1933 Death is said to have occurred on the date stated above, at 10:45 pm.

The principal cause of death and related causes of importance were as follows:  
Broncho Pneumonia Date of onset

Other contributory causes of importance:  
Bronchitis Asthma

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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) J. W. Pruett M. D.

(Address) 420 Wilmington Av.

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.

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