

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

Do not use this space.

31201

1. PLACE OF DEATH

City Saint Louis (No. 4315 Kennerly Avenue)
 County..... Registration District No. 701
 Township..... Primary Registration District No. 753

File No.....
 Registered No. 7897 St. Ward)

2. FULL NAME Alice Babber

(a) Residence, No. 4315 Kennerly Avenue, 11 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred Unavailable ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 1, 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
83 7 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
 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) Unavailable 11. Total time (years) spent in this occupation. Life

12. BIRTHPLACE (CITY OR TOWN) Hazelwood County
 (STATE OR COUNTRY) Missouri

13. NAME Isaac Phoenix

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Lillie Barber
 (ADDRESS) 4315 Kennerly Avenue

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Greenwood DATE Sept. 12, 1933

19. UNDERTAKER Charles J. Bates
 (ADDRESS) 4107 Finney Avenue

20. FILED J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 7th, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8/31/1933 to 9/7/1933
 I last saw her alive on Sept. 7th, 1933 Death is said to have occurred on the date stated above, at 1:20 A.M.
 The principal cause of death and related causes of importance were as follows:

Myocarditis Sub-acute Date of onset _____
Other contributory causes of importance:
Infirmitie of age

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?..... 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) Wm. E. Hill M. D.
 (Address) 1105 E. Sarah

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.

RECORD

OCT 20 1933

