

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

Do not use this space.

31421

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis (No. St. Route City Hoop # 2 St. Ward) 2

2. FULL NAME

(a) Residence, No. 2930 Pine St. Ward. 2
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 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>Cole</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unk.</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16 - 1911</u>		
7. AGE	YEARS <u>22</u>	MONTHS <u>7</u>
	DAYS <u>25</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Work</u>	
	9. Industry, or business in which work was done, as silk mill, saw mill, bank, etc. <u>17.3</u>	
	10. Data deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... <u>1 1/4</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>		
MOTHER	13. NAME <u>Myrtle Hill</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
	15. MAIDEN NAME <u>Abbie Duval</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
17. INFORMANT (ADDRESS) <u>Abbie Duval 1822 rear market ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>E. St. Louis Ill</u> DATE <u>9/18</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Greer 3517 S. Eagle ave</u>		
20. FILED <u>EP 18 1933</u> <u>J. B. Brebeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-10, 1933

22. I HEREBY CERTIFY, That I attended deceased from my personal attention, 1933, to 1933.

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 12:45 a.m.

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

Date of onset	
<u>Haemorrhage perforated left lung following a tubercular lesion of chest</u>	
<u>Van St. Louis, Mo</u>	
Other contributory causes of importance:	<u>Hemiplegia</u>

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

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? No Date of injury Sept 11, 1933 Where did injury occur? St. Louis, Mo (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
In Home

Manner of injury Shot by person

Nature of injury Gunshot wound of chest

24. Was disease or injury in any way related to occupation of deceased? If so, specify
No

(Signed) Harold B. Baker (Address) Dep. for only 40

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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

OCT 20 1933

