

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

Do not use this space.

34887

1. PLACE OF DEATH

County..... Registration District No. 01
Township..... Primary Registration District No. 08
City St. Louis (No. City Ward)

File No.....
Registered No. 9064
St..... Ward)

2. FULL NAME

(a) Residence, No. 1913 Wright St. 26 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 F 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) ---
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 6

8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. 107A
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 157B
10. Date deceased last worked at this occupation (month and year) 158 11. Total time (years) spent in this occupation 10 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Ira Blair

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

15. MAIDEN NAME Lillian McCloud

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bozome Tenn

17. INFORMANT Wasp Ind Patient (ADDRESS) City Wasp

18. BURIAL, CREMATION, OR REMOVAL PLACE Fielders Cemetery DATE Oct. 21, 1935

19. UNDERTAKER Goodhart & Goodhart (ADDRESS) 2228 N. 2nd Ave

20. FILED Oct 20 1935 J. Brebeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from 10-14, 1935 to 10-19, 1935
I last saw her alive on 10-19, 1935 Death is said to have occurred on the date stated above, at 9:20 m.
The principal cause of death and related causes of importance were as follows:

Pyloric Stenosis
Malnutrition
Pneumonia, broncho.
Other contributory causes of importance: 10 1/2
Date of onset Birth 10/16

Name of operation..... Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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 H. P. Quattrone M. D.
(Signed) H. P. Quattrone M. D.
(Address) City St. Louis

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.

NOV 10 1935

