

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

Do not use this space.

35186

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1003  
City St. Louis Mo. (No. Masome Hospital)

File No.....  
Registered No. 9402  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 5357 Delmar St. 17 Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 yrs. 8 mos. 2 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>P. D. Yost</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 16 - 1846</u>		
7. AGE	YEARS	MONTHS
	<u>87</u>	<u>9</u>
		<u>14</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>Retired Housewife</u>	
	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) <u>Tracy, Mo.</u>		
FATHER	13. NAME <u>Do not know</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
MOTHER	15. MAIDEN NAME <u>Sophronia Thayer</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Wyneth Walker</u> (ADDRESS) <u>5357 Delmar St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla Cemetery</u> DATE <u>Nov 1, 1933</u>		
19. UNDERTAKER <u>Alyanda and Sons</u> (ADDRESS) <u>617 S. Delmar</u>		
20. FILED <u>11 31 1933</u> <u>J. B. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 30, 1933

I HEREBY CERTIFY, That I attended deceased from Sept. 1, 1929, to Oct. 30, 1933

I last saw h. e. alive on October 29, 1933. Death is said

to have occurred on the date stated above, at 1:54 p.m.

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

Chronic Myocarditis Date of onset 3 yrs.  
1730  
162  
Other contributory causes of importance:  
Pericarditis 1730 2 yrs.

Name of operation..... Date of.....  
What test confirmed diagnosis? Phys. Ex. 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? Yes  
If so, specify.....

(Signed) Wyneth Walker M. D.  
(Address) 508 N. Grand Blvd.

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 1933

WHITE PAPER WITH IMPRINTING INK—THIS IS A PERMANENT RECORD

