

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

Do not use this space.

38683

1. PLACE OF DEATH

County Registration District No. 781
Township Primary Registration District No. 278
City St. Louis Mo (No. City Hospital # 2)

File No. 10360
Registered No. St. Ward)

2. FULL NAME

(a) Residence, No. 1132 N 17th St. 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 8 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>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>abt 42</u>	<u>-</u>	<u>-</u>	<u>-</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housework</u>			
	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>Miss</u>				
MOTHER / FATHER	13. NAME <u>Wm Evans</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>			
	15. MAIDEN NAME <u>Cassette Cason</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La</u>			
17. INFORMANT <u>E. Ettrude Creach # 2</u> (ADDRESS) <u>City Hospital # 2</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>11-10</u> 19 <u>33</u>				
19. UNDERTAKER <u>Walter Rehter</u> (ADDRESS) <u>3512 Rutger St</u>				
20. FILED <u>LEC - 1 1933</u> <u>J. H. Bedeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-4- 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-3- 1933, to 11-4- 1933
I last saw her alive on 11-4- 1933 Death is said to have occurred on the date stated above, at 5:05 m.
The principal cause of death and related causes of importance were as follows:
93C
Chronic myocarditis
Other contributory causes of importance: None
Name of operation Date of
What test confirmed diagnosis aut 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
(Signed) R. Smith M. D.
(Address) City Hospital # 2

WRITE PEAINLY, 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.

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