

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

Do not use this space.

40500

1. PLACE OF DEATH

County Jefferson
Township Waller
City St. Louis

Registration District No. 420
Primary Registration District No. 3022

File No. _____
Registered No. 99
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3098 St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 42 yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE		SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	
	<u>Female</u>		<u>White</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Martin Aylesworth</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 11 - 1858</u>				
AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>75</u>	<u>10</u>	<u>21</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>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				
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>			
13. NAME <u>Mr. Call Stikney</u>				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>				
MOTHER	15. MAIDEN NAME <u>Unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>			

17. INFORMANT (ADDRESS) <u>Martin Aylesworth</u>	
18. BURIAL, CREMATION, OR REMOVAL	DATE <u>Dec. 4, 1933</u>
19. UNDERTAKER (ADDRESS) <u>Donnell B. Dietrich</u>	
20. FILED <u>174</u> , 1933 <u>B. L. Rausch</u>	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Dec 2, 1933</u>	
22. I HEREBY CERTIFY, That I attended deceased from <u>8/28</u> to <u>12-2</u> , 19 <u>33</u>	
I last saw her alive on <u>12-26</u> , 19 <u>33</u> Death is said to have occurred on the date stated above, at <u>11:00</u> am.	
The principal cause of death and related causes of importance were as follows: <u>Cerebral Hemorrhage</u> <u>Chorea</u> <u>Chorea</u>	
Other contributory causes of importance <u>Chorea</u>	
Name of operation	Date of
What test confirmed diagnosis? <u>Physical</u>	Was there an autopsy? <u>No</u>
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? <u>No</u> If so, specify _____ (Signed) <u>Chas. E. Talbot</u> , M. D. (Address) <u>St. Louis</u>	

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