

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

Do not use this space.

40511

**1. PLACE OF DEATH**

County Jefferson  
Township Boachine  
City St. Louis (No.         )

Registration District No. 421  
Primary Registration District No. 55-75-

File No.           
Registered No. 811/333  
St.          Ward         

**2. FULL NAME**

(a) Residence, No. Jefferson St.          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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF         

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 13 - 1850

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
83 8 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. None  
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) St Louis County

13. NAME Paris Pipkin

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

15. MAIDEN NAME Francis Barry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs. Phyllis Park  
(ADDRESS) Jefferson

18. BURIAL, CREMATION, OR REMOVAL PLACE Boe Plan DATE Dec 3 1933

19. UNDERTAKER Wuester & Vinyard  
(ADDRESS) Jefferson

20. FILED 12/6/33 1933 J. E. Callender Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 2 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 20 1933 to Dec 2 1933

I last saw her alive on Dec 1 1933. Death is said to have occurred on the date stated above, at 6 a m.

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

Bronchial Pneumonia Date of onset         

Other contributory causes of importance         

Name of operation          Date of         

What test confirmed diagnosis?          Was there an autopsy?         

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 Dr. O. E. Hensley M. D.  
(Signed) Jefferson  
(Address) Jefferson

