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.

JAN 26 1934

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

Do not use this space.

41676

File No. 10699

Registered No.

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City St. Louis (No. 3009 Utah St. Ward)

2. FULL NAME Eva (Grant) Hastings

(a) Residence, No. 3009 Utah St., 12 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 4 1862

7. AGE: Years 61 Months 4 Days 8 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife

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): Murphysboro Ills

FATHER

13. NAME: James T. Smith

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co Mo.

MOTHER

15. MAIDEN NAME: Lulla McCarty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jefferson Co Mo.

17. INFORMANT (ADDRESS): James Grant 3009 Utah

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bonne Oliver Bom 12 - 14 1933

19. UNDERTAKER (ADDRESS): A. H. Hoope 4299 Enright

20. FILED ....., 19.... J. Meredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 12, 1933

22. I HEREBY CERTIFY, That I attended deceased from 12-11, 1933 to 12-12, 1933

I last saw h. alive on 12-12, 1933. Death is said to have occurred on the date stated above, at 12 P.m.

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

Brain Hemorrhage

Date of onset

Other contributory causes of importance:

Brain Hemorrhage

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 .....

(Signed) Dwight J. Smith M. D.

(Address) 3674 Sol

Gr. 7. [illegible]
3624 S. Bolivar
1 PM.