

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.

41792

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1033

City St. Louis, Mo. No. Mission Hosp.

File No. ....

Registered No. 10834

**2. FULL NAME**

(a) Residence, No. 1535 Delmar St., 25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 yrs. 9 mos. 27 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>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 20 - 1853</u>		
7. AGE	YEARS <u>80</u>	MONTHS <u>10</u>
	DAYS <u>27</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</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Housekeeper</u>	
	10. Date deceased last worked at this occupation (month and year)	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Quincy, Missouri</u>	
	13. NAME <u>C. E. Cuce</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co., Mo.</u>	
FATHER	15. MAIDEN NAME <u>Julia Foster</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Henry Co., Mo.</u>	
17. INFORMANT (ADDRESS) <u>Wilmuth Kalleh 210 5331 Delmar St. St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calhoun</u> DATE <u>12/19</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>W. J. Anderson 617 S. 20th St. St. Louis</u>		
20. FILED <u>19</u> <u>J. Bredeck</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 17 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 15 1922, to Dec 17 1933

I last saw her alive on Dec 16 1933. Death is said to have occurred on the date stated above, at 8:35 a.m.

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

Cerebral hemorrhage Date of onset 6 mos

Hypertension 18 mos

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? no

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? no

If so, specify.....

(Signed) John Cameron M. D.

(Address) 508 W. Grand Blvd.

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