

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City *St. Louis Mo.* (No. *2306 Chateau Av.*) St. Ward)

File No. **2496**
 Registered No. **50**

2. FULL NAME

(a) Residence, No. *2306 Chateau Av* 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 <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>December 12-1850</i>		
7. AGE	YEARS <i>83</i>	MONTHS <i>-</i>
	DAYS <i>20</i>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <i>none</i>	
	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) <i>Illinois</i>		
MOTHER	13. NAME <i>Unknown Price</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>	
	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>	
17. INFORMANT <i>Miss Dorothy Childs</i> (ADDRESS) <i>2306 Chateau Av.</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Missouri Crematory</i> DATE <i>January 2, 1934</i>		
19. UNDERTAKER <i>E. J. Schuler</i> (ADDRESS) <i>3125 Lafayette Av.</i>		
20. FILED <i>JAN - 2 1934</i> <i>J. J. Bredeck</i> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *January 1, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 1, 1933* to *Jan 1, 1934*

I last saw her alive on *11/34*, 19... Death is said to have occurred on the date stated above, at *8:30 A. m.*

The principal cause of death and related causes of importance were as follows:
Cardio mypilitic Date of onset *1929*
95B
93A

Other contributory causes of importance:
Myocarditis acut *Dec 1933*

Name of operation..... Date of.....
 What test confirmed diagnosis *Pop. 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) *Geoffrey*, M. D.
 (Address) *2532 Washington*

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.

FEB 27 1934

