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.

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

Do not use this space.

2673

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St Louis (No. 2920a Sidney St. ..... Ward)

File No. .....

Registered No. 293

2. FULL NAME Annie McKee

(a) Residence, No. 2920a Sidney St., 23 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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) Feb 21 1864

7. AGE: YEARS 69 | MONTHS 10 | DAYS 16 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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. at Home

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 Mo.

FATHER

13. NAME Vincent Boileau.

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

MOTHER

15. MAIDEN NAME Marie Maire.

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

17. INFORMANT (ADDRESS) Mrs Harry Cotter 1805 Longfellow Blvd

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine Cem DATE Jan 9 1934

19. UNDERTAKER (ADDRESS) Fritz Bros. 3029 Lafayette Ave

20. FILED ..... 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 17, 1918, to Jan 6, 1934 I last saw her alive on Jan 5, 1934. Death is said to have occurred on the date stated above, at 3 30 PM

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

		Date of onset
Diabetes Mellitus		7/17-18
Hemiplegia	59	1/6/34
(Suddenly)	82D	
Arteriosclerosis	97	1-1-25

Other contributory causes of importance: The previous attack of hemiplegia

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

What test confirmed diagnosis? Lab. + Symptoms 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 no

(Signed) Edmond Bonnot, M. D.

(Address) 1504 So Grand