

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

27 1934

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.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **601**) **Do Ewing** St. Ward)

File No. **3065**
Registered No. **723**
St. Ward)

2. FULL NAME

(a) Residence, No. **601 Do Ewing St., 21** 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 **Negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown**

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin. **About 80**

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) **Missouri**

FATHER 13. NAME **Don't know**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

MOTHER 15. MAIDEN NAME **Don't know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT (ADDRESS) **Genelia Williams 2326 Howard**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Crematorium** DATE **1/20** 1934

19. UNDERTAKER (ADDRESS) **J. Russell Rydke 2732 Pine 13134**

20. FILED **Jan 10 1934** **J. Breaker** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 18** 1934

22. I HEREBY CERTIFY, That I attended deceased from **Sept 27** 1933 to **Jan 18** 1934
I last saw h. alive on **Jan 15** 1934. Death is said to have occurred on the date stated above, at **5:30 a.m.**

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

Chronic pneumonia
130 days
50
Other contributory causes of importance: **San. sore of foot** 3 wks

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** 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? **No**
If so, specify.....
(Signed) **Vincent J. Mulla**, M. D.
(Address) **2325 Franklin**

