

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

Do not use this space.

3085

1. PLACE OF DEATH

County Registration District No. **791**
 Township Primary Registration District No. **1003**
 City **St. Louis, Mo.** (No. **2945 - Lawton Blvd. City Hosp. II?**) File No.
 Registered No. **743** Ward

2. FULL NAME

(a) Residence, No. **3012^a - Lucas St.** Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred **4** 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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **11-16-1910**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
23 2 1
 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.....
maid

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**
 13. NAME **George Kinch**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**
 15. MAIDEN NAME **Augusta Casey**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mo**
 17. INFORMANT **Augusta Brown**
 (ADDRESS) **3124 Franklin**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington Bk. 1-21** DATE **1934**
 19. UNDERTAKER **Timothy Lewis Toney**
 (ADDRESS) **3129 Lucas ave.**
 20. FILED **Jan 21 1934** **J. H. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1/18 1934**
 22. I HEREBY CERTIFY, That I attended deceased from **1-9** 19**34**, to **1-18** 19**34**
 I last saw her alive on **1-18** 19**34**. Death is said to have occurred on the date stated above, at **3:30 a.m.**
 The principal cause of death and related causes of importance were as follows:

Pelvic Inflammatory Disease Date of onset **1-9-34**
Acute Myocarditis, Operation removal of tubes & Appendix

Other contributory causes of importance:
Abortion
 Name of operation **Bilateral Salpingectomy** Date of
 What test confirmed diagnosis? **X-Ray** 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?
 If so, specify **Removal of tubes**
 (Signed) **Thompson** M. D.
 (Address) **2945 - Lawton Blvd**

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.

EPIDEMIOLOGICAL RECORD

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