

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

Do not use this space.

6294

1. PLACE OF DEATH

County St. Louis Registration District No. 933
Township St. Ferdinand Primary Registration District No. 4468
City South Kinloch (No. 41) Butte

File No.
Registered No. 42
St. Ward)

2. FULL NAME

(a) Residence, No. 41 Butte St. 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
act 66

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Domestic
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) Sparta Ill

13. NAME Unknown

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

15. MAIDEN NAME Sarah Peiris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sparta Ill

17. INFORMANT (ADDRESS) Silva Parks 412 Butte

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 2-19-34

19. UNDERTAKER (ADDRESS) A. J. Beal Ind. Co 2726 S. Union

20. FILED Feb 19 1934 W. A. Zeller Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb-15-1934

22. I HEREBY CERTIFY That I attended deceased from Feb-2-1934 to Feb-15-1934

I last saw her alive on Feb-15-1934 Death is said to have occurred on the date stated above, at 5 P.M.

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

Chronic Endocarditis Date of onset

Other contributory causes of importance:
Rheumatoid Arthritis
Arterio-sclerosis

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Date of injury 19.....

Where did injury occur? St. Louis, Mo.
(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) Jas. H. Rainey M. D.
W. A. Zeller Registrar.

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.

