

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

Do not use this space.

6930

MAR 24 1934

1. PLACE OF DEATH

County.....
 Town.....
 City St. Louis Mo (No. 4627)
 Registration District No. 791
 Primary Registration District No. 1003
 File No.
 Registered No. 1791
 St. Ward)

2. FULL NAME

(a) Residence, No. St. 10 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Single</u> (write the word)	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Storey</u>			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 8 - 1904</u>			
7. AGE <u>30</u> YRS.	MONTHS	DAYS <u>10</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>		
	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) <u>St. Louis Mo</u>			
FATHER	13. NAME <u>John Storey</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
MOTHER	15. MAIDEN NAME <u>Anna Roman</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Mo</u>		
17. INFORMANT (ADDRESS) <u>4602 27th St. St. Louis Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>2/21/34</u>			
19. UNDERTAKER (ADDRESS) <u>Stratton & Carroll 4000 Wall St. St. Louis Mo</u>			
20. FILED <u>1934</u> <u>J. J. Blodgett</u> Registrar.			

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/18 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1930 to Feb 18 1934
 I last saw h. alive on Feb 18 1934 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
121 Mitral Insufficiency
92A
 Other contributory causes of importance:
Chronic Nephritis -
 Date of onset

Name of operation..... Date of.....
 What test confirmed diagnosis Autopsy 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.....
 (Signed) J. J. Blodgett M. D.
 (Address) 12745 7th Grand Bl.

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.

WHITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

