

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.

APR 25 1934

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

Do not use this space.

10802

1. PLACE OF DEATH

County..... Registration District No. 7017
 Township..... Primary Registration District No. 1907
 City St. Louis Mo (No. 2945 - Lawton Blvd City Hosp #2) Registered No. 2639
 Ward

2. FULL NAME

(a) Residence, No. 2913 - R - Belmont Ward. (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 2 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-11-1901

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>32</u>	<u>11</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.....
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.....
Housewife

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) Tenn

13. NAME Stephus Walton

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

15. MAIDEN NAME Mary Bellis

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

17. INFORMANT (ADDRESS) Chas. Devedes

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Adam DATE Mar 17 1934

19. UNDERTAKER (ADDRESS) F. A. Green
2915 Temple Ave
St. Louis

20. FILED 19 34
J. Bredack
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10-1934

22. I HEREBY CERTIFY, That I attended deceased from 3-4-1934 to 3-10-1934
 I last saw her alive on 3-10-1934. Death is said to have occurred on the date stated above, at 7:15 A.M.
 The principal cause of death and related causes of importance were as follows:
Lobar pneumonia
 Date of onset 3-4-34

Other contributory causes of importance:
108

Name of operation..... 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 Henry H. Hampton
 (Signed).....
 (Address) 2945 - Lawton Blvd

