

**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 Mo (No. Isolation Hosp)* St. .... Ward.....

File No. **11086**  
 Registered No. **2946**  
 St. .... Ward.....

**2. FULL NAME**

*Helene Mc Kenzie*  
 (a) Residence, No. *4315 Kennedy* St., *11* Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred *4 1/2* 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*  
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Unknown*  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 10, 1904*  
 7. AGE YEARS *29* MONTHS *5* DAYS *2* If LESS than 1 day, .... hrs. or .... min.  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *House work*  
 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) *St. Louis*

MOTHER FATHER 13. NAME *Helene Mc Kenzie*

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

15. MAIDEN NAME *Anna Johnson*

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

17. INFORMANT *Grace Barry* (ADDRESS) *2600 Assen...*

18. BURIAL, CREMATION, OR REMOVAL PLACE *POTTERS FIELD* DATE *APR 23 1934*

19. UNDERTAKER *J. Ryan* (ADDRESS) *City of St. Louis*

20. FILED *APR 24 1934* *J. F. Beedeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Mar, 12, 1934*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 21, 1934, to Mar. 12, 1934*

I last saw her alive on *Mar. 12, 1934*. Death is said to have occurred on the date stated above, at *5:25* A. M.

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

*Tuberculosis of Lungs* Date of onset *July 25*

Other contributory causes of importance: *53*

Name of operation..... Date of.....

What test confirmed diagnosis? *Sputum* 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) *Henry J. Flork* M. D.

(Address).....

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

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