

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

Do not use this space.

11103

File No. _____
Registered No. **2963**
St. _____ Ward _____

APR 25 1934

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis Mo.** (No. **City Hospital**)

2. FULL NAME

(a) Residence, No. **1005 Lafayette St.** **23** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 <i>Female</i>	4. COLOR OR RACE <i>White</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>widow</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Sept-3-1875</i>		
7. AGE	YEARS <i>58</i>	MONTHS <i>6</i>
	DAYS <i>20</i>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Housework</i>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>at Home</i>
	10. Date deceased last worked at this occupation (month and year)
	11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) *St. Genevieve*
(STATE OR COUNTRY) *Missouri*

13. NAME *unknown*

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

15. MAIDEN NAME *unknown*

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

17. INFORMANT *Stacy Yarris*
(ADDRESS) *1705 Lafayette Ave*

18. BURIAL, CREMATION, OR REMOVAL
Place *New S. S. Peter & Paul* DATE *March 26 1934*

19. UNDERTAKER *J. M. Laughlin*
(ADDRESS) *1031 Missouri*

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

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March-23-1934*

22. I HEREBY CERTIFY, That I attended deceased from *March-5-*, 1934, to *March-23-*, 1934.
I last saw her alive on *March 23-*, 1934. Death is said to have occurred on the date stated above, at *2 AM*.
The principal cause of death and related causes of importance were as follows:

Diabetes mellitus Date of onset _____
59
1908
1958
Other contributory causes of importance:
Lymphedema (both legs)
(type subcutaneous)
Staphylococcus Parvulus

Name of operation _____ Date of _____
What test confirmed diagnosis? *Chemical* 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 *None*
(Signed) *Henry Owsen* M. D.
(Address) *City Hosp*

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.

