

**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**
 Townshp. *St. Louis* Primary Registration District No. **1003**
 City *St. Louis* (No. *1841 Biddle*) St. Ward)

File No. **14849**
 Registered No. **4043**
 St. Ward)

2. FULL NAME

(a) Residence, No. *1841 Biddle* St., *21* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 15, 1873*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
50 5 2

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Housework*

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) *Missouri*

FATHER 13. NAME *William Newman*

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

MOTHER 15. MAIDEN NAME *Maggie Hall*

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

17. INFORMANT (ADDRESS) *Hubert Hayes*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *4.23* 19. *34*

19. UNDERTAKER (ADDRESS) *W. S. Wade, Ind. Co., 420 1/2 Spruce*

20. FILED 19. *1914* Registrar. *J. B. Beck*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-16* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 9th*, 19*34*, to *April 16th*, 19*34*. I last saw her alive on *April 16th*, 19*34*. Death is said to have occurred on the date stated above, at *11:30 P. M.*

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

acute myocarditis

Other contributory causes of importance:

essential nephritis chronic

Name of operation Date of
 What test confirmed diagnosis? *clinical* Was there an autopsy? *N.O.*

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? *N.O.*
 If so, specify
 (Signed) *W. S. Wade* M. D.
 (Address) *925 N. 14th St.*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A LITHOGRAPHIC FORM. 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.

