

WRITE PLAINLY, WITH UNFADING INK IN THESE SPACES

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.

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

Do not use this space.

MAY 25 1934

1. PLACE OF DEATH

County.....
Township.....
City ST. LOUIS

Registration District No. 791
1003

Primary Registration District No. No. Barnard skin + cancer hosp.

File No. 14856
Registered No. 403
St. _____ Ward _____

2. FULL NAME

Louise Rivens

(a) Residence, No. 1019 St. Ange St. 27 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-6-1872

7. AGE YEARS MONTHS DAYS IF LESS THAN 1 day,hrs. ormin.
62 0 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at Home
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) Tennessee

FATHER 13. NAME Calloway Brewer

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

MOTHER 15. MAIDEN NAME Elizabeth Couch

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

17. INFORMANT Blake M. Rivens (ADDRESS) 1019 St. Ange

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph Temp. DATE April - 24, 1934

19. UNDERTAKER G. H. M. Laughlin (ADDRESS) 1631 Mississippi ave

20. FILED 1019 J. Berbeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-20 1934

22. I HEREBY CERTIFY, That I attended deceased from March 16 1934, to April 20 1934

I last saw her alive on April 20 1934. Death is said to have occurred on the date stated above, at 3:35 P.m.

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

Spontaneous Pneumothorax - 1 wk
cause unknown
139 days
Postoperative
Other contributory causes of importance:
Pelvic cellulitis
1822 days
prolapse of uterus

Name of operation Vag. Hysterectomy Date of 3/20/34
What test confirmed diagnosis? _____ 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? No.

If so, specify _____
(Signed) f. T. Murray, M. D.
(Address) 3427 Washington

11/19/91

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