

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 25 1934

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** File No. **15106**
City St. Louis (No. St. Lukes Hospital) Registered No. **4320** Ward)

2. FULL NAME Ellen Hastide

(a) Residence, No. 3706 Potomac St., 16 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 30-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 2 28

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) England

FATHER 13. NAME Samuel Dayloz

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

MOTHER 15. MAIDEN NAME Anderson

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

17. INFORMANT (ADDRESS) Mavis D. Base
3611 Cass St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Shiloh DATE Apr 30 34

19. UNDERTAKER (ADDRESS) Wacker, Helderbe
2331 Broadway

20. FILED 70 100 1934
J. T. Bredeck
Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/28, 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 18, 1933, to April 28, 1934
I last saw h. er alive on April 28, 1934. Death is said to have occurred on the date stated above, at 7:00 a. m.

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

leucemia right atrium

Other contributory causes of importance: 538 537

Date of onset approx. 10 mo.

Name of operation..... Date of.....
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) Lucia G. Beam, M. D.
(Address) St. Lukes Hospital

