

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

Do not use this space.

MAY 25 1934

15166

1. PLACE OF DEATH

County.....
Township.....
City..... *St Louis*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *4032*, *Finney*)

File No.
Registered No. *4384*
St. Ward)

2. FULL NAME

(a) Residence, No. *4032 Finney* St., *11* Ward.

(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

2 MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-26-1934*

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...
I last saw him alive on 19... Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *7-4-1879*

to have occurred on the date stated above, at *10:50 P.M.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
54 9 12

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

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

Date of onset

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

Rupture of Aorta by Aneurysm (non-traumatic) Hemorrhage into Pericardium

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

Other contributory causes of importance: *96*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Pine Bluff Arkansas*

FATHER 13. NAME *William Hall*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

MOTHER 15. MAIDEN NAME *Mary Bell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Not known*

17. INFORMANT (ADDRESS) *Mabel Strojnik 24th Rock ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Washington Park, May 1 1934*

19. UNDERTAKER (ADDRESS) *Mmanuel Undertaking Co 4059 Finney*

20. FILED *30-1934* 19 *30* Registrar *J. H. Bedeck*

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? *Yes*

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 *Harold J. DeLong* M. D.

(Address) *St. Louis*

4/28/34

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

