

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

Do not use this space.

MAY 25 1934

15269

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City *St. Louis* (No. *1728 & Biddle*)

File No.....
Registered No. **4387**
St. Ward

2. FULL NAME

(a) Residence, No. *1728 & Biddle* St. *25* 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 <i>Female</i>	4. COLOR OR RACE <i>Caucasian</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Frank White</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>UNKNOWN</i>		
7. AGE	YEARS	MONTHS
<i>About</i>	<i>38</i>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>at home</i>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>housework</i>
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 25th 1934*

22. I HEREBY CERTIFY, That I attended deceased from *April 19 1934*, to *April 25 1934*
I last saw her alive on *April 25 1934* Death is said to have occurred on the date stated above, at *9:40 P.M.*
The principal cause of death and related causes of importance were as follows:
April 19. - Cardiac dilatation Date of onset *April 19 1934*
By increased blood pressure caused heart to dilate due to arterio-sclerosis

Other contributory causes of importance:
arteriosclerosis

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Macon Mississippi</i>
	13. NAME <i>James Hill</i>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Macon Mississippi</i>
	15. MAIDEN NAME <i>Betty J. Lovelace</i>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Macon Mississippi</i>
	17. INFORMANT (ADDRESS) <i>Frank White 1728 & Biddle St</i>
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Shrine Lake Park</i> DATE <i>May 1934</i>	
19. UNDERTAKER (ADDRESS) <i>W.S. Wade Funeral Home 2025 Franklin Ave</i>	
20. FILED <i>APR 30 1934</i> <i>J. V. Bredeck</i> Registrar	

Name of operation *9563* Date of *April 25 1934*

What test confirmed diagnosis *Clinical* 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 *No*
(Signed) *W. H. Young*, M. D.
(Address) *23 N. Cambridge*

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

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