

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

Do not use this space.

1. PLACE OF DEATH

County Jackson
Township Frank
City St. Louis

Registration District No. 399
Primary Registration District No. 1-000
No. 3315 William Rd

File No. 16833
Registered No. 2202
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3315 William St. 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

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 17 - 1870

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	<u>64</u>	<u>2</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None.

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) Mendon, Mo.

13. NAME David Shupe

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fancy, Ill.

15. MAIDEN NAME Lemyra Meunier

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

17. INFORMANT (ADDRESS) Lillian Pagos, 3315 William Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 5-18

19. UNDERTAKER (ADDRESS) Exp. Care Funeral Home, 75 E. 7th

20. FILED May 17, 1934 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 15, 1934

22. I HEREBY CERTIFY, That I attended deceased from Mar 3, 1934 to May 15, 1934

I last saw him/her alive on 5-15-34 Death is said to have occurred on the date stated above, at 6:15 a.m.

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

Septicemia
Result of injury to leg - infected
1940-1
Arterio aneurysm
Hypertension

Other contributory causes of importance: _____
Date of onset _____
Manner of operation none 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 July 21, 1934

Where did injury occur? at her home
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury fell on way porch
Nature of injury traumatic infected

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) J. M. Mather M. D.
(Address) 101 Phosy Bldg. (Law) Mo.

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.

JUN 19 1934

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