

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**
1003
Township..... Primary Registration District No.....
City **St. Louis** (No. **2709**, **Thomas**)

File No. **18231**
Registered No. **4690**
St. Ward)

2. FULL NAME

(a) Residence, No. **2709 Thomas** St., **21** 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

3. SEX **Female** 4. COLOR OR RACE **negro** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept 1 1891**

7. AGE **42** YEARS MONTHS **8** DAYS **5** If LESS than 1 day, hrs. or min.

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

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) **St Louis Mo**

13. NAME **James Messer**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

15. MAIDEN NAME **Luise Turner**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

17. INFORMANT (ADDRESS) **Beley A Williams 2709 Thomas**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peters** DATE **5/10** 1934

19. UNDERTAKER (ADDRESS) **B. Russell Lind & Co 2732 B. St**

20. FILED **10/27** 19 **J. F. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5/6** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **7:45 P** m.

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

Ruptured aneurysm of aorta from trauma

Other contributory causes of importance:

96 96

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 B. ...** (Address) **Eye for**

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

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

