

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

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..... **1003**
City **St. Louis** (No. **St. Marys Infirmary**)

File No. **18549**
Registered No. **5042**
St. Ward)

2. FULL NAME

(a) Residence, No. **2727 Sheridan St., 21** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **15** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **F** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar. 22, 1910**

7. AGE YEARS **24** DAYS **7** If LESS than 1 day, hrs. or min. **25**

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **12**
10. Date deceased last worked at this occupation (month and year) **12**
11. Total time (years) spent in this occupation **12**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mississippi**

13. NAME **Mourse Ewing**

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

15. MAIDEN NAME **Mary Watson**

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

17. INFORMANT **Monroe Ewing**
(ADDRESS) **2727 Sheridan Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Louis** DATE **May 20, 1934**

19. UNDERTAKER **J. H. Green and Co.**
(ADDRESS) **2915 Franklin**

20. FILED **19 1934**
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-17** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from **3-30-34**, 19**34** to **5-17**, 19**34**
I last saw h. ev. alive on **5-17**, 19**34** Death is said to have occurred on the date stated above, at **7:55 P.m.**
The principal cause of death and related of importance were as follows:

Intestinal Obstruction
General peritonitis
Obstruction caused by fecal fistula
Date of onset

Other contributory causes of importance:
Post-operative pro-salpinge-tomy & post-operative fecal fistula

Name of operation **228** Date of **5-17-34**
What test confirmed diagnosis? **228** Was there an autopsy? **no**

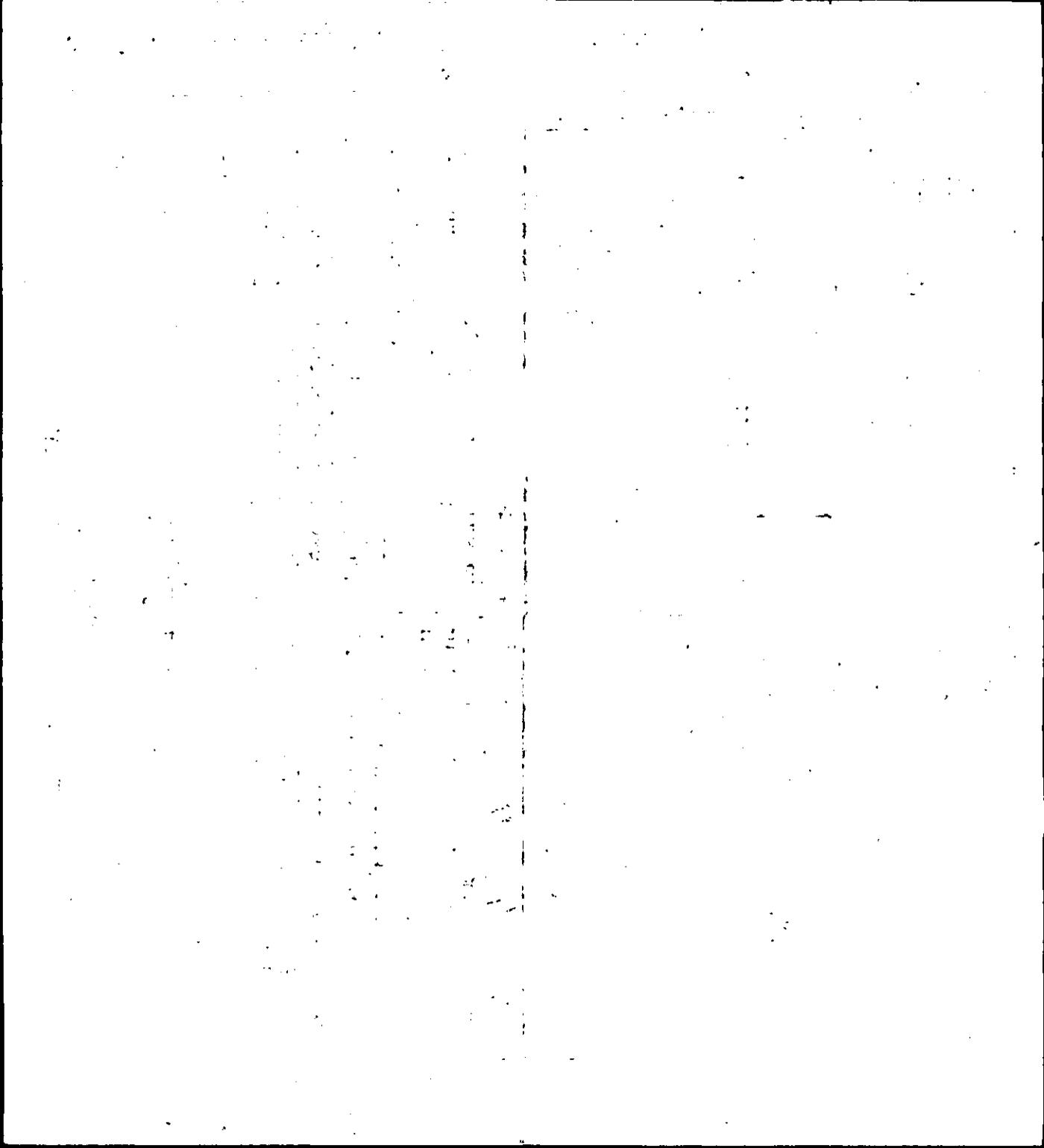
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)

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

(Signed) **R. W. White**, M. D.
(Address) **St. Marys Infirmary**



St Louis City

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: Mary Lueda

Who died at St Mary Infirmary on May 17 - 1934

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: _____ Years _____ Months _____ Days _____

Sex ♀ Color or race B Single, married, widowed or divorced: _____

Date of birth _____ Age: Years 24 Months 1 Days 25

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Intestinal obstruction Gen. Peritonitis - Obstruction

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) Caused by fecal fistula

Birthplace of father (State or country) Post-operative pyosalpingectomy

Birthplace of mother (State or country) Post-operative fecal

Principal cause of death: fistula

Only a suspicion of having passed products of Conception - no definite proof at time in hospital - just a vague history prior to hospitalization. (No definite

Other contributory causes of importance: Spec. organisms found (Quinted pyogenic organisms from pathological tubes - post operative)

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ Date of injury 29/5/19

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician R. W. White

Address of physician St Mary Infirmary

Signature of Registrar X J F Budeck Date filed 12-15-34

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dsst. No. 791

Primary Reg. Dist. No. 1003

E. T. McGaugh

Special Agent, State Registrar

UNITED STATES DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF INVESTIGATION

Report of *[illegible]* File Number *[illegible]*

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1934
S-18549

FEDERAL BUREAU OF INVESTIGATION

DEPARTMENT OF JUSTICE