

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. City Dept. H.)

File No. 18698
 Registered No. 5205 St. Ward

2. FULL NAME

(a) Residence, No. 2350 Albion St. Ward. 23

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 2 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 21 - 1892

7. AGE YEARS 41 MONTHS 5 DAYS 2 If LESS than 1 day, hrs. or min.

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

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) Michigan

13. NAME Charles Watters?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Michigan

15. MAIDEN NAME Marion Sage

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

17. INFORMANT Wm Scarborough (ADDRESS) City Dept. H.

18. BURIAL CREMATION, OR REMOVAL PLACE No. 6 crematory DATE May 26 1934

19. UNDERTAKER Wegman Bros. (ADDRESS) 663 Chamber St.

20. FILED J. Beebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/23, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1934, to 5/23, 1934.

I last saw her alive on 5/23, 1934. Death is said

to have occurred on the date stated above, at 1:35 m.

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

Softening of Brain from aneurysm of Circle of Willis

Other contributory causes of importance:

Cerebral thrombosis and infarction

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? ye

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) W. J. Jones, M. D.

(Address) City Hosp.

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 important.

JUN 1 1934

