

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton

Registration District No. 790 ✓
Primary Registration District No. 6033E
(No. St. Louis Co. 2604)

File No. 21764
Registered No. 177
St. _____ Ward _____

2. FULL NAME

Louise K. Church
(a) Residence, No. # 25 Westmoreland 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1907

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
27 0 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 80
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

13. NAME Alvina K. Church

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

15. MAIDEN NAME Carlotta Clark

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Carlotta Church Wells
(ADDRESS) 25 Westmoreland Pl

18. BURIAL, CREMATION, OR REMOVAL

PLACE Calvary DATE June 2, 1934

19. UNDERTAKER Arthur J. Roswell, Jr.
(ADDRESS) 3840 Lindbergh

20. FILED 6/1 1934 Robt. J. Leubuscher
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/1, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 1:30 AM.

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

Fracture of skull. Laceration and maceration of cerebellum l. side, intra cerebral hemorrhage. Many lacerations about head, face and body. Excessive bruising and contusions of both lungs, par-

Other contributory causes of importance:
ticularly upper lobes. Small lacerations upper lobe and hemorrhage into the chest, bilater-

Name of operation _____ Date of _____

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury 6/1, 1934

Where did injury occur? St. Louis Clayton Rd.
(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) Lute B. Munson, M. D.

(Address) 351 1/2 Jennings Rd

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.

44. JUN 21 1934 7

Coroner St. Louis Co., Mo.

DEPARTMENT OF COMMERCE

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

BUREAU OF THE CENSUS

WASHINGTON

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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: Louise C Church
Who died at County Hosp on June 1 - 1934
Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____
Sex F Color or race W Single, married, widowed or divorced: _____
Date of birth _____ Age: abt 37 Years _____ Months _____ Days _____

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. _____

Date deceased last worked at the workplace (State or country) _____
Place of father (State or country) _____
Place of mother (State or country) _____
Principal cause of death: Fract of skull & massive bruising & contusions both lungs.
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Other contributory causes of importance _____
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 _____, 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 _____
Address of physician _____
Signature of Registrar Robert J. Cumberston

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.
Reg. Dist. No. 790
Primary Reg. Dist. No. 6033a
Very truly yours,
E. J. Mc Gaugh M.D.
Special Agent.

S-21764