

**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 _____ Primary Registration District No. **1003**
City Louis (No. 4347) Lano Ave Ward _____

File No. 21962
Registered No. 5711
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 4347 Lano Ave St. _____ Ward. 9

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>John Patsch</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr. 26 - 1867</u>		
7. AGE	YEARS <u>67</u>	MONTHS <u>1</u>
	DAYS <u>11</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>	11. Total time (years) spent in this occupation
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Orleans La</u>		
MOTHER	13. NAME <u>James Waters</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>	
	15. MAIDEN NAME <u>Not known</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Edward Patsch</u> (ADDRESS) <u>4347 Lano Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>June 9, 1934</u>		
19. UNDERTAKER <u>Alton P. W.</u> (ADDRESS) <u>3707 N. Grand St.</u>		
20. FILED <u>IN - 8 1934</u> <u>J. Brebeck</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 3, 1934, to June 7, 1934
I last saw her alive on June 7, 1934. Death is said to have occurred on the date stated above, at 12 noon.
The principal cause of death and related causes of importance were as follows:
Spinal Paralysis due to slow nephritis (Paraplegia not caused by nephritis - Cause unknown)
Other contributory causes of importance:
Paraplegia both sides Body

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) Wm. H. B. and J. W. M. D.
(Address) 3024 N. Grand

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

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.

