

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.

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, *St. Louis Missouri* (No.)

Barnes Hosp.

File No. **22031**

Registered No. **5782**

St. Ward)

2. FULL NAME *Bertha Stanley*

(a) Residence, No. *1322 Glasgow* 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 *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *March 2, 1902*

7. AGE YEARS *32* MONTHS *3* DAYS *2* IF LESS than 1 day, hrs. or min.

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

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) *Brimley, Arkansas*

13. NAME *Nancy Solomon*

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

15. MAIDEN NAME *Emma Bell*

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

17. INFORMANT *Tolly Stanley* (ADDRESS) *1322 Glasgow*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Brimley Ark* DATE *June 13 1934*

19. UNDERTAKER *Thos. Perkins* (ADDRESS) *3309 L 4th St*

20. FILED *11* 1934 19 *J. H. Biedeck* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 4 1934*

22. I HEREBY CERTIFY, That I attended deceased from *12 Mon 6/4 1934* to *6 PM 6/4 1934*
I last saw her alive on *6/4 1934*. Death is said to have occurred on the date stated above, at *5:45 p.m.*
The principal cause of death and related causes of importance were as follows:

Peritonitis, acute, general, peripheral
Endometritis, acute peripheral
Thrombosis of left ovarian vein
105A

Name of operation Date of
What test confirmed diagnosis? 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 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 *Ralph W. Sudgrass, M. D.*
(Signed) *St. Louis Maternity Hospital*
(Address) *St. Louis Missouri*

