

**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** (No. **713 N. 22nd.**) St. Ward

File No. **22234**
 Registered No. **6010**
 St. Ward

2. FULL NAME

(a) Residence, No. **713 N. 22nd.** 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) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 12th 1887**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **domestic**

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) **Summerville Tenn.**

13. NAME **Don't know**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

15. MAIDEN NAME **Don't know**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

17. INFORMANT **Mrs. Lucenie Mc Intosh** (ADDRESS) **2709 Washington Ave**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Gracewood** DATE **6/20th 1934**

19. UNDERTAKER **H. C. Houston** (ADDRESS) **708 1/2 Thayer St**

20. FILED **19 1934** Registrar **J. P. Redek**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 14th 1934**

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

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **2:00 p.m.**

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

Fracture Regeneration of Cardiac Muscles, with Hypertrophied - Chronic Parenchymatous Nephritis

Other contributory causes of importance: **93C 131**

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) **Harold P. Kelly** (Address) **4/16/34**

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.

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