

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

Do not use this space.

27170
7407

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **3436 North 11th**) St. Ward)

2. FULL NAME

(a) Residence, No. **3436 North 11th** St., **26** 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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) **Widow**

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF **E. B. Saucier**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Not known**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 78

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.

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) **Ill**

13. NAME **Enoch Briggs**

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

15. MAIDEN NAME **Mary Ann Palmer**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Not known**

17. INFORMANT **Mrs. Katherine Bland** (ADDRESS) **Chicago, Ill.**

18. BURIAL, CREMATION, OR REMOVAL **Calvary** PLACE DATE **July 26, 1934**

19. UNDERTAKER **Walt Sherman** (ADDRESS) **316 East 4th St**

20. FILED **95 1008** 19 **34** Registrar. **J. Brebeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 24, 1934**

22. I HEREBY CERTIFY, that I attended deceased from **April 17, 1930**, to **July 24, 1934**
I last saw her alive on **July 23, 1934**. Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Arteriosclerosis
Acute Cardiac Dilatation

Date of onset
Yrs
2
1934

Other contributory causes of importance

Name of operation **none** Date of
What test confirmed diagnosis **symptom** 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 **no**

(Signed) **Edmund Bennett**, M. D.
(Address) **1504 1/2 Grand Blvd**

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.

AUG 15 1934

MOTHER FATHER 2

