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SEP 25 1934

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

Do not use this space.

30688

96 2 7

1. PLACE OF DEATH
County St Louis — Registration District No. 790 — File No.
Township Central — Primary Registration District No. 6038c — Registered No. 271
City Clayton (No. St Louis Co Hospt St. Ward)

2. FULL NAME Marjorie Lee Houston

(a) Residence, No. 5150 Penfield St., Ward.
(Usual place of abode) overland mo (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 7 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) Aug 7 1934

7. AGE: YEARS no — MONTHS no — DAYS 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) St Louis Co Hosp

FATHER
13. NAME Owen Houston
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Yahoo city Miss

MOTHER
15. MAIDEN NAME Emma Lee Wilkinson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vicksburg Miss

17. INFORMANT (ADDRESS) Hosp. records

18. BURIAL, CREMATION, OR REMOVAL
PLACE Lee Lee Cem. DATE Aug 15 1934

19. UNDERTAKER (ADDRESS) Baumann Bros und Co Inc 9504 Woodson Rd overland mo

20. FILED 8/14 1934 Robt J Ambrosti Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 7th 1934, to Aug 14 1934
I last saw her alive on Aug 13 1934. Death is said to have occurred on the date stated above, at 6 AM
The principal cause of death and related causes of importance were as follows:

Premature infant — Date of onset
159
159
159

Other contributory causes of importance:
Dehydration

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

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? No
If so, specify .....
(Signed) C A Sharp, M. D.
(Address) St Louis Co Hosp

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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