

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

Do not use this space.

30723

1. PLACE OF DEATH SEP 13 1934

County.....

Registration District No. **791**
1003

File No.....

Township.....

Primary Registration District No. *City*

Registered No. **7971**

City *St. Louis* (No. *6735*)

City *St. Louis*

St. Ward)

2. FULL NAME *Shirley Cecil*

(a) Residence, No. *419 E* Ward. *1*
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *0* yrs. *2* mos. *10* ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *F* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 1 1934*

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

22. I HEREBY CERTIFY, That I attended deceased from *7/24*, 19*34*, to *8-1*, 19*34*.

I last saw him alive on *8-1*, 19*34*. Death is said to have occurred on the date stated above, at *6:12* m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 22 1930*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 2 10

Marasmus
158

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
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

Other contributory causes of importance:
158

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

13. NAME *Francis Cecil*

Name of operation..... Date of.....

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

What test confirmed diagnosis?..... Was there an autopsy? *no*

15. MAIDEN NAME *Mary Cecil*

St. Louis Mo

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

17. INFORMANT (ADDRESS) *Sharp Mrs. M. Cecil*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New S.S. Peter Paul* DATE *July 3 34*

19. UNDERTAKER (ADDRESS) *Jungblut Bros*

20. FILED *Aug - 2 1934* 19 *J. Bredeck* Registrar.

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.

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

