

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

Do not use this space.

DEC 13 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **10083**
City **St Louis** (No. **07**) **Sanatorium** St. Ward)

File No.
Registered No. **11000** Ward)

2. FULL NAME

Jessie Dubray
(a) Residence, No. **3319 1/2 Klein St.** **26** Ward.
(Usual place of abode)

Length of residence in city or town where death occurred **36** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **April 8th 1846**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	88	7	7	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housework
	10. Date deceased last worked at this occupation (month and year) unknown
	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Missouri**

13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Missouri**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unknown Missouri**

17. INFORMANT (ADDRESS) **William T. Giller M.D. 5400 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Flournoy Ma 7/1/19**

19. UNDERTAKER (ADDRESS) **W.A. Stark, Wash. Co. 2117 Grand Blvd**

20. FILED **OV 18 1934** **J. F. Bredeck** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11/15/34** 19

22. I HEREBY CERTIFY, That I attended deceased from **July 1**, 1931, to **Nov 15/34**, 19. I last saw him alive on **11/15/34**, 19. Death is said to have occurred on the date stated above, at **8:15 P.** m.

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

Endarteritis obliterans with gangrene of left leg + amputation 11/9/34
Arterio Sclerotic Gangrene
Arteriosclerosis 7/1/31

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? **Clinical** 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) **William T. Giller**, M. D.
(Address) **5400 Arsenal St.**

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.

WHILE TRAINING WITH UNFADING INTEREST THIS IS A PERMANENT RECORD

