JAN 14 1935

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

Do not use this space.

791

44463

1. PLACE OF DEATH
~~County~~ ST LOUIS — Registration District No. 1008 — File No.
Township — Primary Registration District No. — Registered No. 11553
City ST LOUIS (No. 2915 BELL AVE. St. Ward)

2. FULL NAME Wylhelmina stennis
(a) Residence, No. 2915 BELL AVE St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 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): SINGLE
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1895
7. AGE: 39 YEARS, 4 MONTHS, 20 DAYS — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
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) GREENVILLE Mississippi

FATHER
13. NAME WILLIAM STEUNIS
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS.

MOTHER
15. MAIDEN NAME GIRTRUDE RILEY
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) MISS.

17. INFORMANT (ADDRESS) Henrietta Petterson 4352 easton
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec 6 1934
19. UNDERTAKER (ADDRESS) C. Young 4400 Kennerly
20. FILED DEC 27 1934 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2nd 1934
22. I HEREBY CERTIFY, That I attended deceased from Nov 18th, 1934, to Dec. 2nd, 1934
I last saw her alive on Dec. 2nd, 1934. Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute My-O-Carditis	
93a	

Other contributory causes of importance:
Muscular Rheumatism

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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 .....
(Signed) J. Young, M. D.
(Address) 9234 Jefferson

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.