

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.

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

Do not use this space.

FEB 21 1935

3533

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... *St. Louis Mo.* (No. *City Hospital #2*)..... St. (Ward)

File No. **840**
 Registered No.

2. FULL NAME

(a) Residence, No. *1823 - Papine* St., *NY* Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *3* 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 *Coloured* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb. 22nd - 1894*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>40</i>	<i>10</i>	<i>24</i>	

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. *House work.*
 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) *Mississippi*

13. NAME *Oli Conrad*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *N. C.*

15. MAIDEN NAME *Jane Hampton*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *S. C.*

17. INFORMANT *Judy Desdunes*
 (ADDRESS) *2945 - Lawton Blvd*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Lula Miss* DATE *1/23*, 19*35*

19. UNDERTAKER *C. J. ...*
 (ADDRESS) *...*

20. FILED *23* 1935
J. Bredeck
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan. 16th 1935*

22. I HEREBY CERTIFY, That I attended deceased from *1 - 15 - 1935*, to *1 - 16 - 1935*

I last saw her alive on *1 - 16 - 1935* Death is said to have occurred on the date stated above, at *8:40 P.*

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

Chronic Myocarditis Date of onset *1-15-35*

Other contributory causes of importance:

Carcinoma of Breast

Name of operation Date of
 What test confirmed diagnosis? *Chinid* Was there an autopsy? *Yes*

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) *Russell Smith, M.D.*
 (Address) *2945 - Lawton Blvd*

