

FEB 7 1935

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **1791**
Township..... Primary Registration District No. **5-3-3**
City **St. Louis** (No. **St. Johns Hospital**) St. **16** Ward **1012**

File No. **3692**
Registered No. **1012**

2. FULL NAME

(a) Residence, No. **4720 Arsenal St.** St., **16** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 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 **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Late Stephen F. Richard**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **March 25, 1860**

7. AGE YEARS **74** MONTHS **10** DAYS **1** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**

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 Mo**

13. NAME **John Salisbury**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Vermont**

15. MAIDEN NAME **Unknown Brennan**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **England**

17. INFORMANT (ADDRESS) **Mrs. Fred Wood 4720 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Lake Charles Ave** DATE **Jan. 29 1935**

19. UNDERTAKER (ADDRESS) **Wiegman Mortuary 4728 So. Broadway CITY 20 1030**

20. FILED **J. B. Bledsoe Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan 26 1935**

22. I HEREBY CERTIFY, that I attended deceased from **Dec 3 1934** to **Jan 26 1935**

I last saw him alive on **Jan 26 1935**. Death is said to have occurred on the date stated above, at **2:30 p.m.**

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

**Myocardial Insufficiency
Coronary Atherosclerosis
Hypertension**

Date of onset **4c. 20 Dec 10-34**

Other contributory causes of importance: **from heart**

**Angina pectoris (cardiac) 5 days
Cerebral embolism?**

Name of operation **None** 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

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) **J. Hammond** M. D.

(Address) **W. Wall Bldg.**

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.

