

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

Do not use this space.

MAR 1 1935

1. PLACE OF DEATH

County St. Louis
Township Carondelet
City St. Louis

Registration District No. 1123
Primary Registration District No. 6248E
(No. Mt. Rose Hospital)

File No. 3900
Registered No. 22
St. _____ Ward _____

2. FULL NAME

(a) Usual place of residence. No. Freeburg Ill St. _____ Ward Freeburg Ill
(Usual place of abode) (If non-resident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 1 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) married

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Syriell Balsyn

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 20 - 1901

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>33</u>	<u>1</u>	<u>24</u>	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) own home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Bellerille Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER G. G. Underwood
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Dahlgren Ill.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Ella Hook
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dahlgren Ill.
(STATE OR COUNTRY)

14. INFORMANT Syriell Balsyn
(Address) Freeburg Ill

15. FILED Jan 14, 1935 A. Mowrey
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1/13 1935

17. I HEREBY CERTIFY, That I attended deceased from 1/12 1935 to 1/13 1935 that I last saw him alive on 1/13 1935 and that death occurred, on the date stated above, at 11:25 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Massive Hemorrhage due to Chr. Pulmonary Tuberculosis

Unknown (duration) _____ yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Rheumat. Pericarditis
Unknown (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
IF NOT AT PLACE OF DEATH.

DID AN OPERATION PRECEDE DEATH? None
WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Autopsy
(Signed) John E. Sintel, M. D.
1/13, 1935 (Address) 9101 So. Bluery

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Odd Fellows Cem. DATE OF BURIAL Jan 16 1935

20. UNDERTAKER Dahlgren Ill ADDRESS Freeburg Ill
John E. Sintel

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.

