

APR 9 1935

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

Do not use this space.

7591

2073

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 914 N. Leonard) St. .... Ward.....

## 2. FULL NAME

(a) Residence, No. 914 N. Leonard, 21 Ward.  
(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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 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) 5-13-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
70 9 14

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.

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) Louisiana

13. NAME Robert Butler

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arbourn

15. MAIDEN NAME Elizabeth Laverlee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana

17. INFORMANT (ADDRESS) Elizabeth Martindale  
914 N. Leonard

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Louisiana, Mo DATE Mar 2, 1935

19. UNDERTAKER (ADDRESS) H. S. Wade Funeral Home  
4202 Tappan Ave

20. FILED MAR -2 1935 J. J. Bredeck  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 4, 1935, to Feb. 27, 1935

I last saw her alive on 2-27, 1935. Death is said

to have occurred on the date stated above, at 5 P. m.  
The principal cause of death and related causes of importance were as follows:

Cerebral Embolism Date of onset

Other contributory causes of importance:

hypertension  
hypertension in both  
renal veins

Name of operation none Date of A

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) Louis F. Munnay, M. D.

(Address) 1831-8-9 St. Louis

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.

