

APR 9 1935

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

Do not use this space.

791
1003

10878

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City, St. Louis mo. (No. 34) Janell Peoples Hosp (If nonresident, give city or town and State) (Ward) 2504

2. FULL NAME

Mable Gashy
(a) Residence, No. 2746^{1/2} Clark St., 27 Ward. (If nonresident, give city or town and State)
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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 12, 1905
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
30 1 1

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..... Laundress
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) Marysville Louisiana

13. NAME Leah Oliver

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville La

15. MAIDEN NAME Sarah Woods

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marysville La

17. INFORMANT (ADDRESS) Jim Gashy 2746^{1/2} Clark Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Mar. 19, 1935

19. UNDERTAKER (ADDRESS) H. D. Trade Undertaking Co. 4202 Papay Ave.

20. FILED MAR 16 1935 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from 3/12, 1935, to 3/13, 1935
I last saw her alive on 3/13, 1935 Death is said to have occurred on the date stated above, at 5:30 p.m.
The principal cause of death and related causes of importance were as follows:

Subsiding Embolus atero
121
Date of onset Mar.

Other contributory causes of importance: operative appendectomy 11 days

Name of operation appendectomy Date of 3/7/35
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) D. D. G. G. G. G. G. M. D.
(Address) 3700 Chestnut

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.

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