

APR 9 1935

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

Do not use this space.

11098

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City, St. Louis (No. City Hospital #1)

File No.....
Registered No. **2729**
St. Ward)

2. FULL NAME

(a) Residence, No. 2319 Menard St. 23 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan-18-1905

AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
30 3 5

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. at Home

10. Date deceased last worked at this occupation (month and year) 1935 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin **H. 6**

13. NAME Edward Slacker

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

15. MAIDEN NAME Louise Unknown

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

17. INFORMANT (ADDRESS) Jack Heck
2319 Menard St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Carmel, Mo. March 19.. 3

19. UNDERTAKER (ADDRESS) A. St. M. Laughlin
2535 Missouri Ave.
PH. 2535

20. FILED 19.. 3
J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/23/35 19..

22. I HEREBY CERTIFY, That I attended deceased from 2-21-35 19.. to 3/23/35 19..

I last saw him alive on 3/23/35 19.. Death is said to have occurred on the date stated above, at 8:10 m.

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

Mitral Regurgitation Date of onset
Myocarditis, chronic
Cardiac Decompensation
Pregnancy, term

Other contributory causes of importance:
Nephritis, chronic ✓

Name of operation Normal delivery Date of 2/22/35

What test confirmed diagnosis? X-ray 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) A. St. M. Laughlin M. D.

(Address) 1515 Lafayette Ave.

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.

2-22-35
2-23-35

RECEIVED 1961-1-15

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1947

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

Do not use this space.
ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.
File No. _____
Registered No. 2729
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 791
Township _____ Primary Registration District No. 1003
City St. Louis (No. City Hosp #1)

2. FULL NAME

Lucille Hark

(a) Residence, No. _____ St. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 23, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____. I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 30 2 5

OCCUPATION 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. _____ 11. Total time (years) spent in this occupation _____

Respiritis followed pregnancy
Other contributory causes of importance: respiratory chronic secondary to pregnancy.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19.

19. UNDERTAKER (ADDRESS) _____

20. FILED 9/12 1935 J. J. Bredeck Registrar.

Name of operation _____ 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 _____, 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) A. B. Roupelle M. D. (Address) 1515 Lafayette

86011-S.

JUN 6 1985