

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.

APR 29 1934

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

Do not use this space.

14342

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City *St. Louis, Mo.* No. *2109 A E. Obean Ave* St. Ward)

File No.
Registered No. **3159**
St. Ward)

2. FULL NAME

(a) Residence, No. *2109 A E. Obean St.*, *9* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40* 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*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar 2nd 1869*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 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. *Housewife*
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) *Cuba, Mo.*13. NAME *Isaac M. Millin*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*15. MAIDEN NAME *Margaret M. Foxon*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ireland*17. INFORMANT *Edith Stoltz*
(ADDRESS) *2109 A E Obean Ave*18. BURIAL, CREMATION, OR REMOVAL
PLACE *New Baden* DATE *Apr. 6, 1934*19. UNDERTAKER *Tracy - Cox - Pitt*
(ADDRESS) *3422 N. Kingshighway*20. FILED *APR - 6 1934* *J. B. Bledsoe*
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 3rd, 1935*22. I HEREBY CERTIFY, That I attended deceased from *Sept 11, 1934, to Apr 3, 1935*I last saw her alive on *Apr 2, 1935* Death is said to have occurred on the date stated above, at *3⁴⁵ P.m.*

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

Cerebral Hemorrhage (Apoplexy)

Date of onset

Sept 11, 1934

Other contributory causes of importance:

*Diabetes mellitus**1929*

Name of operation Date of

What test confirmed diagnosis? 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) *J. R. Hamblin*, M. D.(Address) *1237 N. Kingshighway*

