

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

1935 OCT 2 3

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

Do not use this space.

28248

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis* (No. *Peoples Hospital*)

File No. 7387

Registered No. 7387

St. Ward

2. FULL NAME

(a) Residence, No. *4540*

(Usual place of abode)

Length of residence in city or town where death occurred *43* yrs. mos. ds.

Ward. *11*

(If nonresident, give city or town and State)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Arthur James

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

July 13-1892

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

43

1

16

OCCUPATION

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.

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)

Mo

FATHER

13. NAME

Thomas Gemell

14. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Ta

MOTHER

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

Unknown

17. INFORMANT

(ADDRESS)

Arthur James 4540 Cottage Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Washington Park Sept 1, 1935

19. UNDERTAKER

(ADDRESS)

J. A. Greer 2915 Franklin Ave

20. FILED

SEP - 1 1935

1935

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Aug 29*, 1935

22. I HEREBY CERTIFY, That I attended deceased from *Aug 25*, 1935, to *Aug 29*, 1935

I last saw him alive on *Aug 29*, 1935. Death is said to have occurred on the date stated above, at *6:40 p.m.*

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

Cerebral apoplexy

Other contributory causes of importance:

hypertension

Name of operation..... Date of.....

What test confirmed diagnosis? *Clinical* 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) *W. A. Greer*, M. D.

(Address) *1316 4th Ave*

