

OCT 28 1935

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County St. Louis

Registration District No. 157

Township St. Charles

Primary Registration District No. 3036

City St. Charles (No. 731 Valley)

File No. 30478  
Registered No. 135  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 731 Valley 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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sep 28 - 1863

7. AGE YEARS 72 MONTHS - DAYS - If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) New Orleans (STATE OR COUNTRY) La

13. NAME Don't know

14. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

15. MAIDEN NAME Ellen Raleigh

16. BIRTHPLACE (CITY OR TOWN) New Orleans (STATE OR COUNTRY) La

17. INFORMANT Wendell A. Shreve (ADDRESS) St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE Sep 30 19. 35

19. UNDERTAKER W. H. Gallagher & Sons (ADDRESS) St. Charles, Mo

20. FILED 9/30 19. 35 Clarence H. Kessler Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 28 1935

22. I HEREBY CERTIFY, That I attended deceased from July 10<sup>th</sup> 1934, to Sep 28<sup>th</sup> 1935  
I last saw her alive on Sep 27<sup>th</sup> 1935 Death is said to have occurred on the date stated above, at 11 P. m.

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

Essential Hypertension & Coronary Sclerosis  
Generalized Arteriosclerosis  
Senile Dementia

Date of onset

Under  
Workman  
Workman

Other contributory causes of importance:

Coronary Thrombosis

Sep 28<sup>th</sup>  
1935

Name of operation none Date of no

What test confirmed diagnosis? none 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 factory, in home, or in public place.

Manner of injury NO

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify \_\_\_\_\_

(Signed) R. O. Hayden, M. D.

(Address) St. Charles, Mo

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. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

