

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.

OCT 23 1935

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

Do not use this space.

30804

1. PLACE OF DEATH

County St. Louis Registration District No. 1003  
Township St. Louis Primary Registration District No. 1905  
City St. Louis (No. 1905) Good St. 11 Ward

File No. 7588  
Registered No. 7588  
St. 11 Ward

2. FULL NAME

Elizabeth F. Heckham  
(a) Residence, No. 1905 Good St. 11 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 4-1860</u>				
7. AGE	YEARS <u>75</u>	MONTHS <u>2</u>	DAYS <u>1</u>	If LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>			
	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			
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Virginia</u>			
	13. NAME <u>Louise Smith</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Virginia</u>			
	15. MAIDEN NAME <u>Nancy Green</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Richmond Virginia</u>			
	17. INFORMANT <u>Hell Bryson</u> (ADDRESS) <u>1905 Good ave</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Peter's</u> DATE <u>9-9</u> 19 <u>35</u>				
19. UNDERTAKER (ADDRESS) <u>Russell and Co</u> <u>2732 Pine St</u>				
20. FILED - 9 1935 19 <u>St. Peter's</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 1 1935, to Sept 5 1935  
I last saw her alive on Sept 5 1935 Death is said to have occurred on the date stated above, at 9:00 m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage Date of onset 8/20

Other contributory causes of importance:  
High Blood Pressure

Name of operation..... Date of.....  
What test confirmed diagnosis? Anal 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? No  
If so, specify.....  
(Signed) Elizabeth Heckham M. D.  
(Address) 1048th Vandeventer

2492

10036-11-24-35

