

DEC 12 1933

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **City Hosp. # 2**)

File No. **37793**
Registered No. **9769**
St. Ward)

2. FULL NAME

(a) Residence, No. **Martha Walker** Ward. **Kinloch, Mo.**
(Usual place of abode) **Kinloch Mo. nr** (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 **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **abt 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 62

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **La.**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Harold Shultz Pop. Cor.**
(ADDRESS) **Covered Court 1324**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Calvary Cem** DATE **11/22/1933**

19. UNDERTAKER **Wm C. McDowell**
(ADDRESS) **3925 Franklin Ave.**

20. FILED **NOV 22 1933**
J. T. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Nov 15**, 19**33**

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 **8:30 p.m.**

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

Chronic Nephritis
Coronary Occlusion
Cardiac Hypertrophy
Date of onset **131**

Other contributory causes of importance:

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

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **Harold Shultz** M.D.

(Address) **Pop. Cor.**

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.

