

APR 11 1936

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

Do not use this space.

8662

1. PLACE OF DEATH

County

Registration District No. 791

Township

Primary Registration District No. 1003

City *St. Louis, Mo.* (No. *City Hospital No. 2*)

File No.

Registered No. 2567

St. Ward)

2. FULL NAME

(a) Residence, No. *1422 - No. - 9th St. 25*

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Female* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 28th, 1936*

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

22. I HEREBY CERTIFY, That I attended deceased from *2 - 25 - 1936*, to *2 - 28 - 1936*

I last saw h. *alive* on *2 - 28 - 1936* Death is said

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

to have occurred on the date stated above, at *7:55 A.M.*

AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,
<i>About</i>	<i>38</i>			hrs. or min.

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

Arterio Sclerosis Date of onset *7-25-36*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Housework*

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 *1*

Other contributory causes of importance:

Chronic Myocarditis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Missouri*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT (ADDRESS) *Judy Tudeaux 2945 - Leavenworth*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Hall* DATE *March 7, 1936*

19. UNDERTAKER (ADDRESS) *Ellis Funeral Home 2820 Stoddard St.*

20. FILED *MAR 7 1936* *J. T. Predeck* Registrar.

Name of operation

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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) *J. Owen Blacke*, M. D.
(Address) *City Hospital #2*

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.

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