

APR 11 1936

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

Do not use this space.

12879

1. PLACE OF DEATH

County ..... Registration District No. 791  
Township ..... Primary Registration District No. ....  
City St. Louis, Mo. (No. City Hospital No. 2003)

File No. ....  
Registered No. 2942  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 2914 1/2 Carr St. Ward. 21  
(Usual place of abode)  
Length of residence in city or town where death occurred Life 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 <u>Female</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Infant</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 21 1935</u>		
7. AGE	YEARS	MONTHS
	<u>2</u>	<u>24</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Infant</u>
10. Date deceased last worked at this occupation (month and year)		

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Louis, Missouri</u>
13. NAME	<u>Steve Keys</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Louis, Missouri</u>
15. MAIDEN NAME	<u>Fannie Riley</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	<u>St. Louis, Missouri</u>
17. INFORMANT (ADDRESS)	<u>July Oudestad, 2945 - 1/2 Carr St.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE	<u>Walter Difer, 3-18-36</u>
19. UNDERTAKER (ADDRESS)	<u>Ellis Funeral Home, 2822 - 1/2 Carr St.</u>
20. FILED	<u>MAR 18 1936 J. T. Bredeck Registrar.</u>

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 15<sup>th</sup> 1936  
22. I HEREBY CERTIFY, That I attended deceased from 3-10-36, 1936, to 3-15-36, 1936  
I last saw her alive on 3-15-1936 Death is said to have occurred on the date stated above, at 12:00 noon

The principal cause of death and related causes of importance were as follows:  
Enlarged Thyroid  
Date of onset 3-10-36  
Other contributory causes of importance:  
Broncho-pneumonia

Name of operation ..... Date of .....  
What test confirmed diagnosis? Chemical 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 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 Yes  
(Signed) Jas. Q. Harris, 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. Dec # 4 60

