

MAY 7 1936

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

Do not use this space.

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1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo.

Registration District No.....
Primary Registration District No.....

(No. De Paul Hospital)

File No.....
Registered No. 4537
St. Ward)

2. FULL NAME Virginia Higgins(a) Residence, No. Carsonville, Mo. St. NA Ward.

(Usual place of abode)

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
(OR) WIFE OF George B. Higgins

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 4th, 1878

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
58 3 20

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Home

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri13. NAME George Cory14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Mary Horner16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois17. INFORMANT Mrs. Rose Loesch
(ADDRESS) 3116 W. Taylor

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Peters DATE 4/27/36 1919. UNDERTAKER Provoost Und. Co.
(ADDRESS) 3710 E. Grand Blvd.20. FILED APR 26 1936 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/24/36 1922. I HEREBY CERTIFY That I attended deceased from Nov 11, 1935 to April 24, 1936.I last saw her alive on April 24, 1936 Death is saidto have occurred on the date stated above, at 7:45 P.M.

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

Carcinomatosis -
(stomach, liver
etc.) Primary seat unknown

Date of onset

Other contributory causes of importance:

Acute Regurgitation
Chronic Nephritis

Name of operation none Date of.....
What test confirmed diagnosis? X-Ray 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? no

If so, specify.....

(Signed) Harold Beck M.D.(Address) 4743 Midway Blvd
St. Louis, 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.

H.A. Litchfield, H. 900 West Kentucky

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4