

JAN 26 1937

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

Do not use this space.

46054

1. PLACE OF DEATH

County St. Louis
Township Jefferson
City W. Webster Groves (No.)

Registration District No. 788
Primary Registration District No. 4471

File No.
Registered No. 130
St. Ward)

2. FULL NAME

Mary Pass

(a) Residence, No. Truitt St - Box 183 St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 6 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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 48 1 21

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

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

13. NAME Frank Hamilton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo

15. MAIDEN NAME Sussie Sharp

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

17. INFORMANT J. Lee Bestwick (ADDRESS) 1154 N. Leonard

18. BURIAL, CREMATION OR REMOVAL PLACE Father Dickson DATE 12-15-36

19. UNDERTAKER J. C. Lewis (ADDRESS) Webster Groves

20. FILED 12-15-1936 J. W. York Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/6/36 19...

22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

I last saw him..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... about 4:30 p.m.

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

Dr. Mygastetter

Other contributory causes of importance: Cholera

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

What test confirmed diagnosis staph 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) J. W. York, M. D.
(Address) Samuel S. Lewis

Date of onset 12/5/36

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.

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