

MAR 5 - 1937

 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 Hospital No. 1**)File No. **8100**Registered No. **1539**

St. .... Ward)

B. **13090****Pearl Hipp**

## 2. FULL NAME

(a) Residence, No. **1019 a South 10th****22** 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 <b>female</b>	4. COLOR OR RACE <b>white</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>married</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <b>unknown</b>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Oct 1st. 1881</b>		
7. AGE YEARS <b>51</b>	MONTHS <b>3</b>	DAYS <b>24</b>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>hwk</b>		If LESS than 1 day, ..... hrs. or ..... min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <b>at home</b>		11. Total time (years) spent in this occupation.....
10. Date deceased last worked at this occupation (month and year).....		

OCCUPATION	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Waverly Illinois</b>
	13. NAME <b>Henry Lowe</b>
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Illinois</b>
	15. MAIDEN NAME <b>Susie Childress</b>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Kentucky</b>
	17. INFORMANT (ADDRESS) <b>Hosp.. Info. M.H.Kent City Hospital No. 1</b>
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>City Cemetery</b> DATE <b>2-2-37</b>	
19. UNDERTAKER (ADDRESS) <b>David Van Fossan City Hosp. morgue</b>	
20. FILE NO. <b>FEB 3 - 1937</b> <b>JF Bledeck</b> Registrar.	

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <b>1/25/37</b>	19
22. I HEREBY CERTIFY, That I attended deceased from <b>12 / 9/36</b> to <b>1/25/37</b>	
I last saw h. her <b>live on 1/25/37</b>	19
Death is said to have occurred on the date stated above, at <b>9/30 p.m.</b>	
The principal cause of death and related causes of importance were as follows: <b>Neurogenic bladder Hemorrhagic cystitis &amp; substitute of bladder &amp; generalized petechiae Pyelonephritis &amp; uremia</b>	
Other contributory causes of importance: <b>Syphilis (C.N.S.) 2/4 P</b>	
Name of operation <b>none</b>	Date of
What test confirmed diagnosis? <b>Autopsy</b>	Was there an autopsy? <b>Yes</b>
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) <b>J. W. Saun</b> , M. D. (Address) <b>City Hospital No. 1</b>	

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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