

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 Mo* (No. *St. Ann's Hospital*)

File No. 8708

Registered No. 2170

St.

Ward)

2. FULL NAME *Mary Ann Earnst*(a) Residence, No. *5301 Page Blvd*

(Usual place of abode)

Ward. *6*

(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 *W*

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 11 - 1937*

7. AGE

YEARS

MONTHS *1*DAYS *10*

If LESS than 1 day, hrs. or min.

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

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) *East St. Louis Ill*
(STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) *X*
(STATE OR COUNTRY)15. MAIDEN NAME *Juanita Earnst*16. BIRTHPLACE (CITY OR TOWN) *East St. Louis Ill*
(STATE OR COUNTRY)17. INFORMANT *Sister Joe*
(ADDRESS) *5301 Page Blvd*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Cuban Cemetery* DATE *Feb 22 37*19. UNDERTAKER *Charles Hatcher*
(ADDRESS) *5301 Page Blvd*20. FILED *FEB 22 1937*Registrar *J. P. Bredeck*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 20*, 1937

22. I HEREBY CERTIFY, That I attended deceased from

2/10/37, 19... to *2/20/37*, 19...I last saw h..... alive on *2/20*, 1937. Death is saidto have occurred on the date stated above, at *12 Noon*

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

Date of onset *2/14/37*

Other contributory causes of importance:

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy?.....

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) *John L. Dross*, M. D.(Address) *1467 Union St*

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.

