

APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County .....  
Township .....  
City St. Louis

Registration District No. 791  
Primary Registration District No. 1003  
(No. 928, Maple Place)

File No. 10536  
Registered No. 3110  
St. .... Ward .....

2. FULL NAME

Jessie Belle Hepburn

(a) Residence, No. 928 Maple Place St., 5 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 10, 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
65 - - 10

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at 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) St. Louis (STATE OR COUNTRY) Mo.

13. NAME Garden Hepburn

14. BIRTHPLACE (CITY OR TOWN) Scotland (STATE OR COUNTRY)

15. MAIDEN NAME Margaret Sample

16. BIRTHPLACE (CITY OR TOWN) Ireland (STATE OR COUNTRY)

17. INFORMANT Ralph B. Pratt (ADDRESS) 928 Maple Place

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem. DATE Mar. 22, 1937

19. UNDERTAKER Wm. F. Paschedag (ADDRESS) 2825 N. Grand Blvd.

20. FILED MAR 21 1937 J. Herdeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Jun 1928, to March 20 1937

I last saw her alive on 3/20 1937. Death is said to have occurred on the date stated above, at 9:04 a.m.

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

acute cardiac dilatation Date of onset 3/20/37

J. P. Brennan

Other contributory causes of importance: chronic myocarditis 1928

Name of operation None Date of .....

What test confirmed diagnosis? None Was there an autopsy? No.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? .....

Where did injury occur? .....

Manner of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) J. P. Brennan, M. D. (Address) 940 - no. Bldg.

WRITE PLAINLY, WITH 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.

820  
1-820  
OCCUPATION

