

MAY 7 1937

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

Do not use this space.

14074

1. PLACE OF DEATH

County \_\_\_\_\_

Registration District No. \_\_\_\_\_

791

Township \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1003

City *St. Louis Mo.* (No. \_\_\_\_\_) \_\_\_\_\_

*City Hosp #1*

File No. \_\_\_\_\_

3570

Registered No. \_\_\_\_\_

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode)

*Ada Land*  
*915 Aubert Ave*

*12* Ward

(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

MEDICAL CERTIFICATE OF DEATH

SEX *Female* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 30 1937*

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *August 30 1876*

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *11:30 A. M.*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min. *60 7 -*

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

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

*Subdural Haemorrhage of Brain, Oedema of Brain due to fall down steps at Shelter Home 915 Aubert Ave about 3:30 P. M. March 27, 1937*

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

Other contributory causes of importance: \_\_\_\_\_

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) *Spartanburg S. Carolina*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

13. NAME *Moses Land*

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? *Yes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? *Accident* Date of injury *3/27 1937*

15. MAIDEN NAME *Mary Tassart*

Where did injury occur? *St. Louis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *Nancy Land* (ADDRESS) *38481 Maffie Ave*

Specify whether injury occurred in industry, in home, or in public place.

At *915 Aubert Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Memorial Park* DATE *April 2 1937*

Manner of injury *See Above*

Nature of injury \_\_\_\_\_

19. UNDERTAKER *Mullen Bros* (ADDRESS) *4259 Aubert Ave*

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

If so, specify \_\_\_\_\_

20. FILED *APR 1 1937* *J. Bredeck* Registrar.

(Signed) *Alfred J. Perry* M.D.

(Address) *Deputy Coroner*

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.

212 000 22 23 24

