

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

Do not use this space.

JUN 19 1937

791

17994

County.....

Registration District No.....

File No.....

Township.....

Primary Registration District No.....

Registered No.....

City *St. Louis*

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

St. *6* Ward *4570*

2. FULL NAME

(a) Residence, No. *5301 Page* St., *6* 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

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 2* 19*37*

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

22. I HEREBY CERTIFY, That I attended deceased from *3-2* 19*37*, to *5-2* 19*37*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *1867*

I last saw her alive on *4-30* 19*37* Death is said to have occurred on the date stated above, at *3:10 p.m.*

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin. *About 70*

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

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. *General Help*

*Chronic myocar-
ditis*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *St Ann's Home*

Senility

10. Date deceased last worked at this occupation (month and year)

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) *ST. LOUIS* (STATE OR COUNTRY) *MO*

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

13. NAME *UNKNOWN*

What test confirmed diagnosis?..... Was there an autopsy? *No*

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

15. MAIDEN NAME *UNKNOWN*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury..... 19.....

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

Where did injury occur?..... (Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT *Sister Joe* (ADDRESS) *5301 Page Blvd*

Manner of injury.....

18. BURIAL, CREMATION, OR REMOVAL PLACE *Cabany Cemetery* DATE *May 4* 19*37*

Nature of injury.....

19. UNDERTAKER *Arthur J. Donnelly Co* (ADDRESS) *3740 Wendell Blvd*

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

20. FILED *MAY 3 - 1937* *J. Bredeck* Registrar.

If so, specify (Signed) *Percy H. Swales* M. D.

(Address) *St. Ann's Hospital, St. Louis*

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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