

JUN 12 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. **1008**

City St. Louis

(No. 1202 a S. 18th St.)

File No. 18630

Registered No. 5206

St. .... Ward)

2. FULL NAME Edna Bernice Stovall Kirk

(a) Residence, No. 1202a S. 18th St. St. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23, 1893

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
35 38 7 1

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

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) (STATE OR COUNTRY) Grand Tower Ill

13. NAME ~~Stovall~~ Henry Stovall

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Tower Ill

15. MAIDEN NAME Emma Goodwin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grand Tower Ill

17. INFORMANT (ADDRESS) Frank Calamia  
1202a S. 18th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Matthews DATE 5/27/37

19. UNDERTAKER (ADDRESS) Allen W. McLaughlin  
2301 Lafayette Ave.

20. FILED MAY 25 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 24, 1937

22. I HEREBY CERTIFY, That I attended deceased from Sept, 1936, to May 24, 1937

I last saw her alive on 5/27, 1937. Death is said to have occurred on the date stated above, at 9:55 P. A.M.

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

Pulmonary hemorrhage  
Chs. pulmonary tuberculosis

Date of onset 3/24/37

Other contributory causes of importance: 23

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:

Resident, 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) J. Schneider, M. D.

(Address) 2000 9 & 18th

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

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