

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

Do not use this space.

JUN 29 1937

1. PLACE OF DEATH

County *St. Louis*
Township *Bonhomme*
City *Pickwood* (No. *2*)

Registration District No. *785*
Primary Registration District No. *3037*

File No. *21262*
Registered No. *66*
St. _____ Ward _____

2. FULL NAME *Louise Maston*

(a) Residence, No. *133 Prospect St* St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *20* 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 *Col* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 3, 1866*

7. AGE YEARS *70* MONTHS *5* DAYS *23* If LESS than 1 day, _____ hrs. or _____ min.

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

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) *Montgomery Ala*

13. NAME *William Merrell*

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

15. MAIDEN NAME *Sarah McCunnen*

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

17. INFORMANT (ADDRESS) *Miss Beulah Bunch 133 Prospect St*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Pl* DATE *5-29th 1937*

19. UNDERTAKER (ADDRESS) *Hemplill 408 1/2 Elmwood*

20. FILED *5-29 1937* *Agnes E Kelly Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/26* 19*37*

22. I HEREBY CERTIFY, That I attended deceased from *5/24* to *6/26* 19*37*. I last saw *her* alive on *6/20* 19*37*. Death is said to have occurred on the date stated above, at _____ m.

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

Labor Pneumonia Date of onset _____

Other contributory causes of importance: *108 Rhinitis*

Name of operation *none* 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? *no* Date of injury *no*, 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 *none*
Nature of injury *none*

24. Was disease or injury in any way related to occupation of deceased *no*
If so, specify _____

(Signed) *G. B. Brumley* M. D.

(Address) *239 1/2 Elmwood*

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.

2
2
2

