

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

Do not use this space.

JUL 8 - 1937

1. PLACE OF DEATH

County.....
Township.....
City **St. Louis, Mo.**

Registration District No.....
Primary Registration District No.....
City **Hospital #1**

791

1003

File No. **22603**
Registered No. **6355**
St. Ward

2. FULL NAME **Vera Lensinger**

(a) Residence, No. **914 N. 18th Street** St., **25** 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

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 29th, 1903**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
33 34 10 29

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) **Trenton, Illinois**

13. NAME **Patrick Gilmartin**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Trenton, Illinois**

15. MAIDEN NAME **Emma Meinroth**

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

17. INFORMANT **Mrs Emma Gilmartin** (ADDRESS) **East St. Louis, Illinois**

18. BURIAL, CREMATION, OR REMOVAL PLACE **East St. Louis, Ill** DATE **July 1st**, 19**37**

19. UNDERTAKER **Nell Walsh Barnes** (ADDRESS) **1416 St. Louis Avenue, East St. Louis, Illinois.**

20. FILED 19**37** **JUN 30 1937**

MEDICAL CERTIFICATE OF DEATH
Alfred G. Perry Physician

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 28th**, 19**37**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at **8:20 P** m.

The principal cause of death and related causes of importance were as follows:
Sodium fluoride poisoning as a result of eating food having become contaminated with sodium fluoride used as a bug exterminator

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide **Accident** Date of injury **6/28**, 19**37**
Where did injury occur? **Home**
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury **Home**
Nature of injury **Sodium fluoride poisoning**

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) *Alfred G. Perry* M.D.
(Address) *1024 1/2 Cornwell*

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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