

AUG - 5 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

St. Louis

Registration District No.

Primary Registration District No.

(No.

4066 Burgen Ave.

791
1003

File No.

Registered No.

25223

6397

St.

Ward)

2. FULL NAME Ernestine Day

(a) Residence, No.

(Usual place of abode)

4066 Burgen Ave.

St.

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 (write the word)

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OF

Peter Day

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June, 5th, 1860

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

26 77

0

24

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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)

Germany

13. NAME

Unknown

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

Unknown

15. MAIDEN NAME

Unknown

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

Unknown

17. INFORMANT

(ADDRESS)

Andrew P. Bay
4066 Burgen Ave.

18. BURIAL, CREMATION, OR REMOVAL

PLACES

S. S. Peter-Paul DATE July-2- 1937

19. UNDERTAKER

(ADDRESS)

Wacker-Helderle
2331 S. Broadway

20. FILED

JUL 1 1937

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June, 29th, 1937

22. I HEREBY CERTIFY, That I attended deceased from
January, 1928, to June 29th, 1937

I last saw h.p.r. alive on June 29th, 1937. Death is said

to have occurred on the date stated above, at 9.15 P.M.

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

Coronary thrombosis

Date of onset

4 hour

Other contributory causes of importance:

Chronic myocarditis and chronic
endocarditis
General anasarca

0 year

Name of operation None Date of

What test confirmed diagnosis? All usual Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, 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? No

If so, specify

(Signed)

2278 S. Jefferson

M. D.

 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.

