

OCT 14 1937

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

32310
Do not use this space.

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1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No.
(c) City St. Louis (d) Street No. 2218 Delmar Blvd. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charlotte Deal

(a) Residence, No. 2218 Delmar Blvd. St. 21
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 John Deal

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 14, 1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 6 17

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as 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) Miss.

13. NAME Aron White

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

15. MAIDEN NAME Rose ?

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

17. INFORMANT Lula Sims
(ADDRESS) 2218 Delmar Blvd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 9/5/37

19. FUNERAL DIRECTOR Wade Funeral Home
(ADDRESS) 4202 Finney Ave.

20. F. SEP 5 1937 J. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1, 1937

22. I HEREBY CERTIFY, That I attended deceased from AUG. 12, 1937, to SEPT. 1, 1937
I last saw her alive on AUGUST 29, 1937 Death is said to have occurred on the date stated above, at 2 m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset MAY 1937
Pfeiffer

Other contributory causes of importance:

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:
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?
If so, specify W. H. G. Clark, M.D.
(Signed) W. H. G. Clark, M.D.
(Address) 2602 1/2 Franklin

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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