

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

Do not use this space.

**1. PLACE OF DEATH**

County St. Louis

Township St. Louis

City St. Louis

Registration District No. 834

Primary Registration District No. 16097

(No. 305)

File No. 4329

Registered No. 41

St. St. Louis

Ward

**2. FULL NAME**

(a) Residence, No. Unmarried

(Usual place of abode)

St. St. Louis

Ward. 305

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 6, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 4, 1937 to Dec. 4, 1937, 19...

I last saw her alive on Dec. 4, 1937 Death is said to have occurred on the date stated above, at 10:45 a.m.

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

Cause unknown labor was a little slow and difficult hard work. Date of onset

Other contributory causes of importance:

None

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?..... 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) John W. Wilson M. D.

(Address) St. Louis, Mo.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 4, 1937

7. AGE YEARS MONTHS DAYS

1

If LESS than 1 day, .. hrs. or .. min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Data 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) St. Louis, Mo.

MOTHER FATHER

13. NAME Wm Lloyd Good

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

15. MAIDEN NAME Nae Lottner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Wm Lloyd Good

18. BURIAL, CREMATION, OR REMOVAL

PLACE Funeral

DATE 12/7/37

19. UNDERTAKER (ADDRESS) W. L. C.

20. FILED 1-29-38

1938

D. S. McFee  
Registrar.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS  
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

4329  
Do not use this space.

1. PLACE OF DEATH  
(a) County Stoddard Registration District No. 834  
(b) Township Pine Primary Registration District No. 6097 Registered No. 121  
(c) City..... (d) Street No..... 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 unnamed road ROAD  
(a) Residence, No. .... St.  (If nonresident, give city or town and State)  
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>7</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>mf</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
OCCUPATION				
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.				
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)				
FATHER				
13. NAME				
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
MOTHER				
15. MAIDEN NAME				
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)				
17. INFORMANT (ADDRESS)				
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE				
19. FUNERAL DIRECTOR (ADDRESS)				
20. FILED <u>1-28</u> <u>D. S. McKee</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH (MONTH, DAY, AND YEAR)	<u>Dec 6</u> , 19 <u>37</u>
22. I HEREBY CERTIFY, That I attended deceased from	
I last saw h..... alive on....., 19..... 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:	
Date of onset	
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..... (Signed) <u>John Wilson</u> , M. D.	
(Address) <u>Blountfield Mo</u>	

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

S-4329

1938