

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

Do not use this space.

L3631

1. PLACE OF DEATH

County Jackson  
Township Ray  
City St. Louis (No. General Hosp. #2)

Registration District No. 399

Primary Registration District No. 1002

File No.

Registered No. 1611

St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1103 E. 22nd St.  
(Usual place of abode)

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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown 1885

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-24-1885

7. AGE YEARS 53 MONTHS 1 DAYS 19 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

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 Record Clerk (ADDRESS) General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE Apr. 16 38

19. UNDERTAKER Doyles (ADDRESS) 1708 Gracyp.

20. FILED Apr 15 1938 M. M. Quinn Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-12 1938

22. I HEREBY CERTIFY, That I attended deceased from 4-1 1938 to 4-12 1938

I last saw her alive on 4-12 1938 Death is said to have occurred on the date stated above, at 10:20 A. M.

The principal cause of death and related causes of importance were as follows: Pneumatic Typhoid  
Heart Disease  
95%

Date of onset

Other contributory causes of importance: Decompensation

Name of operation Minimal Date of No

What test confirmed diagnosis Minimal 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) J. G. Quinn M.D.

(Address) General Hosp. #2

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

