AUG 25 1938

REC'D SEP 9 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis — Registration District No. 784 — File No. 30066

Township Carondelet — Primary Registration District No. 200 — Registered No. 1412

City Station Hospital, Jefferson Barracks, Mo. (St. Ward)

2. FULL NAME Katherine Mary Black 4-20

(a) Residence, No. (Usual place of abode) 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
female	white	single.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 24, 1938

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, 12 hrs. and 25 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. 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) Jefferson Barracks, Missouri. 0

FATHER

13. NAME Eugene Black 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bunker Missouri. 0

MOTHER

15. MAIDEN NAME Grace Madonna DuMont.

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

17. INFORMANT (ADDRESS) Eugene Black (father) Jefferson Barracks, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE CALVARY CEMETERY DATE AUG. 26, 1938

19. UNDERTAKER (ADDRESS) C. HOFFMEISTER CO. 7814 S. B'WAY, ST. LOUIS MO.

20. FILED AUG 25 1938 T R Meyer M D Dr P H Registrar. 707

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 24, 1938

22. I HEREBY CERTIFY, That I attended deceased from August 24, 1938 to August 24, 1938

I last saw her alive on August 24, 1938 Death is said to have occurred on the date stated above, at 5:25P m.

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

	Date of onset
Atelectasis, congenital.	

161 A

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? clinical 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) W. C. Corson M. D.

(Address) W. C. CORSON, 1st Lt. Med-Res Jefferson Barracks, Mo.

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.