

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

REC'D JAN 11 1939

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

Do not use this space.

791
1098

41291

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. 1536 Papin Street St. Mary's Infirmary Ward)

File No.....
Registered No. 10983

2. FULL NAME Susie Blakely
(a) Residence, No. 2803 Gamble St. 21 Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 2, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 10 18

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work
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) St. Louis
(STATE OR COUNTRY) Missouri

FATHER
13. NAME ? Daggs

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

MOTHER
15. MAIDEN NAME Susie Daggs

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

17. INFORMANT Willetta Smith
(ADDRESS) 2803 Gamble St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood DATE 12-27 1938

19. UNDERTAKER Ellis Funeral Home
(ADDRESS) 2820 Stoddard St

20. FILED DEC 22 1938 J. F. Brubaker
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 20 1938

22. I HEREBY CERTIFY, That I attended deceased from December 19 1938, to December 20 1938
I last saw h. or. alive on December 20 1938. Death is said to have occurred on the date stated above, at 7:20 P. M.

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

Lobar pneumonia
Date of onset Dec. 19
Other contributory causes of importance: 168

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? See
If so, specify..... M. D.
(Address) 876 1/2 W. Beaumont

Embankment signed
[Signature]