

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 JUL 10 1939

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

Do not use this space.

21097

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township 1st Primary Registration District No. 1002
City Wassau City (No. St. Anthony's Home)

File No.
Registered No. 2265
St. 3210 E. 23rd Ward

2. FULL NAME

(a) Residence, No. St. Anthony's Home St. 3210 E. 23rd Ward.
(Usual place of abode)

(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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-10-37
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 0 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) unk 9

13. NAME Unknown (?)

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 6

15. MAIDEN NAME Shirley Chambers

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

17. INFORMANT (ADDRESS) Sister M. Joseph
3210 E. 23rd St

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. St. Mary's Cemetery DATE June 9 1939

19. UNDERTAKER (ADDRESS) John W. Wagner
204 West Lombard

20. FILED June 8 1939 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9 1939

22. I HEREBY CERTIFY, that I attended deceased from June 19, 1938 1938, to June 9 1939
I last saw her alive on 6-9-39 1939. Death is said to have occurred on the date stated above, at 3 A. M. 6-9-39
The principal cause of death and related causes of importance were as follows:

Encephalitis (non Epidemic) June 7, 1939
186

Other contributory causes of importance: X

Name of operation Date of
What test confirmed diagnosis? X 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 X
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 1
If so, specify Joseph O. Conrad M. D.
(Address) 1308 W. Waldheim Bldg.

