

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

Do not use this space.

1. PLACE OF DEATH

County Jackson

Registration District No. 399

Township Franklin

Primary Registration District No. 1002

City St. Louis

(No. Wheatley)

File No. 1450

Registered No. 138

St. Ward

2. FULL NAME

(a) Residence, No. 328

(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

Female

4. COLOR OR RACE

negro

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

Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Widow

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

Unknown

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

Unknown

OCCUPATION

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

Laundress

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)

Unknown

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

(ADDRESS)

Julius Asst. Fire Chief

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis

DATE

Jan 12 38

19. UNDERTAKER

(ADDRESS)

Julius Asst. Fire Chief

20. FILED

19

St. Louis

Registrar

MEDICAL CERTIFICATE OF DEATH

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

1-7-38

22. I HEREBY CERTIFY, That I attended deceased from

19 to 19

I last saw him on 10th 19

Death is said to have occurred on the date stated above, at 10th m.

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

Automobile Trauma

Passenger

Tram Dislocation

neck

Other contributory causes of importance:

210

75

Name of operation

Autopsy

What test confirmed diagnosis

Autopsy

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide

Where did injury occur?

St. Louis

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) Julius Asst. Fire Chief

(Address) St. Louis

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.

RECEIVED

FEB 10 1937

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH