

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

Do not use this space.

12193

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
 Township Wentzlet Primary Registration District No. 6248 B  
 City St. Louis (No. Telegraph Rd. Waterloo Mo)

File No. \_\_\_\_\_  
 Registered No. 108  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Mrs. Ella Espinosa  
 (a) Residence. No. Indiania Harbor Ind. St., \_\_\_\_\_ 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Nov. 19 - 1871</u>		
7. AGE YEARS <u>57</u>	MONTHS	DAYS
If LESS than 1 day, _____ hrs. or _____ min.		
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Housewife</u> (b) General nature of industry, business, or establishment in which employed (or employer) _____ (c) Name of employer _____		

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 10 1929  
 17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, (that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.  
 THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Unknown  
200 B  
205 B  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 CONTRIBUTORY (SECONDARY) \_\_\_\_\_ (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH: Telegraph Rd. Waterloo  
 DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_  
 WAS THERE AN AUTOPSY? Skilled only found No  
 WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
 (Signed) John Bonnell, M. D.  
 , 19\_\_\_\_ (Address) Forest of St. Louis park

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known ①  
 10. NAME OF FATHER Not Known  
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known  
 12. MAIDEN NAME OF MOTHER Not Known  
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not Known  
 14. INFORMANT Rudolph Barret (Address) Ind. Harbor Ind.  
 15. Mch. 14, 1929 L. C. Obrock, M.D. REGISTRAR

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  
 19. PLACE OF BURIAL, CREMATION, OR REMOVAL Indiania Harbor Ind DATE OF BURIAL Mar. 15 1929  
 20. UNDERTAKER Rudolph Barret ADDRESS 7819 Michigan

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.

1929  
 96  
 235  
 31  
 31  
 31

