

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

Do not use this space.

11105

**1. PLACE OF DEATH**

County..... Registration District No. 95  
Township..... Primary Registration District No. 95  
City..... St. Louis (No. City Infirmary) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3141  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Amelia Wynne  
(a) Residence. No. City Infirmary St. 13 Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 23 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) widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) abt. 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>abt 70</u>		<u>unknown</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housework  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_  
(c) Name of employer \_\_\_\_\_

9. BIRTHPLACE (CITY OR TOWN) Virginia  
(STATE OR COUNTRY)

10. NAME OF FATHER aged Hall

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mississippi  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mrs Mary Hall

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) N. Carolina  
(STATE OR COUNTRY)

14. INFORMANT Mrs Eggers  
(Address) 5800 allendale St

15. FILED 29 1930 May C. Hardin REGISTRAR

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-17 1930

17. I HEREBY CERTIFY, That I attended deceased from 51, 1930, to 3-17, 1930 that I last saw h. alive on 3-17, 1930, and that death occurred, on the date stated above, at 8:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chronic myocarditis  
131  
93C

(duration) ? yrs. mos. ds.  
CONTRIBUTORY Chronic nephritis  
(SECONDARY)  
(duration) ? yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1290  
IF NOT AT PLACE OF DEATH \_\_\_\_\_

8 DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS \_\_\_\_\_  
(Signed) B. B. Ketchel, M. D.

3-18, 1930 (Address) 5600 Arsenal

\*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 \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_

St. Louis U. 35 22 1930

20. UNDERTAKER Walter Richter ADDRESS 3500 Rutger St

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. 2 335

