

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

Do not use this space.

25005

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis, Mo. (No. City Hospital # 2)

File No.....

Registered No. 7179

St. Ward)

2. FULL NAME

(a) Residence. No. 2626 Morgan St. Ward. 21

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Morgan How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 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) 1875-unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>abk 55</u>		<u>-</u>	<u>-</u>	

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER..... unknown

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

12. MAIDEN NAME OF MOTHER..... unknown

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

14. INFORMANT..... A. Lutzende Cratt
(Address) City Hospital # 2

15. FILED..... JUL 19 1930
19..... W. C. Fisher REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-13-1930

17. I HEREBY CERTIFY, That I attended deceased from 7-11-1930, to 7-13-1930, that I last saw h.e.f. alive on 7-13-1930, and that death occurred, on the date stated above, at 608 0 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Ch. Myocardite
191
93C (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Heat stroke
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH..... unknown

DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS..... Glucose & Lat.

(Signed) N. C. Naughton, M. D.

, 19 (Address) City Hospital # 2

*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..... St. Peters Cemetery DATE OF BURIAL 7-19 1930

20. UNDERTAKER..... H. V. Atkins ADDRESS 3317 Morgan

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. NO amount of space should be spared.

