

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

Do not use this space.

34549

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City Saint Louis (No. 4009 Cook Avenue)

File No.....  
Registered No. **9927**  
St. .... Ward)

**2. FULL NAME**

Sophia Steed (STEED)  
(a) Residence No. 14009 Cook Ave. St. 11 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 Col 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
ab h. 46 - -

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Vicksburg  
(STATE OR COUNTRY) Miss.

10. NAME OF FATHER Moses Steed

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

12. MAIDEN NAME OF MOTHER Nancy Jones

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

14. INFORMANT Annie Starfield  
(Address) 4009 Cook Avenue

15. OCT 18 1930 Mar & Starloff  
FILED REGISTER

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 15, 1930 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 11 1930, to Oct. 15 1930, that I last saw her alive on Oct. 14 1930 and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

carcinoma of bladder.

CONTRIBUTORY (SECONDARY) 11/17 (duration) 2 yrs. 6 mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH. no DATE OF .....

19. WAS THERE AN AUTOPSY no

WHAT TEST CONFIRMED DIAGNOSIS physical exam

(Signed) J. P. Johnson M. D.

, 19 (Address) 117 Madison

\*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 Washington Park DATE OF BURIAL 10-18-30

20. UNDERTAKER Charles J. Gates ADDRESS 4107 1/2

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.

