

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

Do not use this space.

1. PLACE OF DEATH

County.....
Towship.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003
(No. St. Paul Hospital)

File No. 37882
Registered No. 11024
St. Ward)

2. FULL NAME

(a) Residence. No. 604 Lucille Ave St. 7 Ward.

(If nonresident give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James L. Tozer

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 20 - 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
32 3 0

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

10. NAME OF FATHER James McNamee

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Anna Byrne

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Mo

14. INFORMANT James L. Tozer
(Address) 604 Lucille Ave

15. NOV 21 1930 FILED Wm C. Hartney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1930, to Nov 20, 1930, that I last saw h. a. alive on Nov 19, 1930, and that death occurred, on the date stated above, at 20 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 2 H.
Acute cardiac dilation
occurring 3 weeks after birth
of macerated still born child
(duration)..... yrs. Sudden mo. 20 da.

CONTRIBUTORY (SECONDARY) Supreme from still
born child (duration)..... yrs. 20 mo. 20 da.

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

DATE OF DEATH.....
DATE OF.....

19. WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) Reveries Nam M. D.

Nov 21, 1930 (Address) 1117 21st Gen

*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 Calvary Cemetery DATE OF BURIAL Nov. 22 1930

20. UNDERTAKER Cellenave Bros ADDRESS 1702 Grand Ave

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.

MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS IS A PERMANENT RECORD

JUN 27 1949

1949

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