

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

Do not use this space.

37967

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City, St. Louis (No. 3802 Fladler) St. _____ Ward)

File No. 44117
 Registered No. _____

2. FULL NAME

Hannah Prank Shore
 (a) Residence. No. 3802 Fladler St., 17 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. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 20-1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ____ hrs. or ____ min.
79 11 3

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) New York
 (STATE OR COUNTRY) New York

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 Mamma G. Shore
 (Address) 3802 Fladler

15. FILED NOV 23 1930 St. Louis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) NOV. 23 - 1930

17. I HEREBY CERTIFY That I attended deceased from Nov 23 to Nov 23 1930
 that I last saw him alive on Nov 23, 1930 and that death occurred, on the date stated above, at 3 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Cerebral Hemorrhage
due to Chronic Hypertension
131

CONTRIBUTORY (SECONDARY) Chronic Hypertension
 (duration) yrs. mos. da. 3

18. WHERE WAS DISEASE CONTRACTED 129 W
 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Dr. J. H. Smith M. D.
 (Address) 1702 Grand Ave

*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. 25 1930

20. UNDERTAKER Cullinan ADDRESS 1702 Grand Ave

X. E.—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.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

J. H. C. Harris

University of Chicago