

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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
CERTIFICATE OF DEATH

Do not use this space.

32604

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 008
City St. Louis Mo (No. City Hospital #2) St. Ward) 11

File No.
Registered No. 9421
St. Ward)

2. FULL NAME

(a) Residence, No. 4422 Maffett St., 11 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|--|---|
| 3. SEX <u>Female</u> | 4. COLOR OR RACE <u>Col</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-10-1869</u> | | |
| 7. AGE | YEARS <u>62</u> | MONTHS <u>7</u> |
| | DAYS <u>24</u> | IF LESS than 1 day, hrs. or min. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laundries</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>Unknown</u> | 11. Total time (years) spent in this occupation <u>Unknown</u> |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u> | | |
| MOTHER / FATHER | 13. NAME <u>Dorcas Gully</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u> | |
| | 15. MAIDEN NAME <u>Angeline Lott</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown Missouri</u> | |
| 17. INFORMANT <u>A. M. Smith</u> (ADDRESS) <u>City Hospital #2</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park Sept 8, 1931</u> | | |
| 19. UNDERTAKER <u>Charles J. Gales</u> (ADDRESS) <u>4107 W. Washington</u> | | |
| 20. FILED <u>8-15-31</u> 19 <u>31</u> <u>W. M. G. Parker</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-4, 1931

22. I HEREBY CERTIFY, That I attended deceased from 7-20, 1931, to 9-4, 1931
I last saw him alive on 9-4-31, 1931. Death is said to have occurred on the date stated above, at 11 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage
CEREBRAL HEMORRHAGE 3 MO.
CHRONIC NEPHRITIS 5 YRS
CHRONIC MYOCARDITIS 5 YRS
131
Other contributory causes of importance
ARTERIOSCLEROSIS UNKNOWN

Name of operation Date of
What test confirmed diagnosis? clin. & lab. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify C. M. Smith
(Signed) W. M. G. Parker M. D.
(Address) City Hospital #2

