

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

Do not use this space.

39563

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1000
 City St. Louis Mo. (No. City Hospital 2)

File No.
 Registered No. 11750
 St. Ward)

2. FULL NAME

(a) Residence, No. 614 Park St., 23 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 4 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) Married

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abk? 2 - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labor at

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Factory

10. Date deceased last worked at this occupation (month and year) Unknown 11. Total time (years) spent in this occupation Unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) A. Bertuzzi, City, No. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE fatheredickson Ave. 25

19. UNDERTAKER (ADDRESS) James J. James, 2734 Sheraton

20. FILED 21-1-1934 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-20, 1931

22. I HEREBY CERTIFY, That I attended deceased from 11-14, 1931 to 11-20, 1931

I last saw h. h alive on 11-20, 1931 Death is said

to have occurred on the date stated above, at 11 PM

The principal cause of death and related causes of importance were as follows:

Myocardial Insufficiency
9488

Other contributory causes of importance:

Name of operation Autopsy Date of.....

What test confirmed diagnosis? Autopsy Was there an autopsy?.....

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 Myocardial Insufficiency

(Signed) Omaha, M. D.

(Address) City Hospital

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.

