

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

Do not use this space.

9906

1. PLACE OF DEATH  
 96 County St. Louis Registration District No. 786  
 6 Township Central Primary Registration District No. 4469  
 8 City Maplewood No. 7539 Folk Ave. St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2. FULL NAME Eliza Lucretia Biles  
 (a) Residence, No. 7539 Folk Ave St. \_\_\_\_\_ 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.

File No. \_\_\_\_\_  
 Registered No. 11 St. \_\_\_\_\_ Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
 6. IF MARRIED, WIDOWED, OR DIVORCED (USUAL PLACE OF ABODE) (OR) HUSBAND OF (OR) WIFE OF Charles L. Biles  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1869  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
62. 2 28  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House work  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 235  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pasconate County Mo  
 13. NAME Samuel J Mathew  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn 2  
 15. MAIDEN NAME Eliza Ann Rogers  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1  
 17. INFORMANT (ADDRESS) Grace Fessler 7539 Folk Ave.  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Belle Mo DATE March 9, 1932  
 19. UNDERTAKER (ADDRESS) S. Zieklider Und Co Belle Mo  
 20. FILED Mar 8 1932 Mercedes Schuster Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7, 1932  
 22. I HEREBY CERTIFY, That I attended deceased from Sept 6, 1931, to March 7, 1932  
 I last saw her alive on March 7, 1932 Death is said to have occurred on the date stated above, at 12:37 a.m.  
 The principal cause of death and related causes of importance were as follows:  
Death Resultation of Date of onset 3-7-32  
818 heart  
958 81  
 Other contributory causes of importance: Progressive Bulbar Paralysis Sept 1930  
 Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? Chemist. 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? no  
 If so, specify \_\_\_\_\_  
 (Signed) John W. McDonald, M. D.  
 (Address) 539 N. Grand

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.

APR 29 1932

W. J. Humboldt Bldg.

10-17

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