

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.

11123

1. PLACE OF DEATH

County Registration District No. 791
Township St. Louis Mo. City Hospital Primary Registration District No. 1002
City (No. City Hospital) (No.) St. Ward

File No.
Registered No. 3212
St. Ward

2. FULL NAME

(a) Residence, No. 920 N. 17th St., 25 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 9 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.
abt. 52 - - - -

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 235
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife
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) Ark 2

MOTHER FATHER 13. NAME James Phillipias

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

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31

17. INFORMANT (ADDRESS) A Bertrude C. Smith
City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 4-2-32

19. UNDERTAKER (ADDRESS) W. S. Wade and Co.
4208 Fenway Ave

20. FILED APR -2 1932 W. S. Wade Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-28-1932

22. I HEREBY CERTIFY, That I attended deceased from 3-27-1932 to 3-28-1932

I last saw him alive on 3-28-1932 Death is said to have occurred on the date stated above, at 6:28 m.

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

930
Chronic Myocarditis
Other contributory causes of importance:
930 (D)

Name of operation 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

(Signed) C. M. Smith, M. D.
(Address) CITY HOSP. NO. 2

