

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

Do not use this space.

21418

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City St. Louis Mo 570 So. Rensselaer Highway St. .... Ward)

**2. FULL NAME**

(a) Residence, No. Denise St. 12 Ward. 7emic Ill  
 (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.

**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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 19, 1928  
 7. AGE YEARS 4 MONTHS 1 DAYS 8 If LESS than 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.   
 10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation 3 7/8

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denise Illinois

FATHER 13. NAME Carl Calclasure

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flora Illinois

MOTHER 15. MAIDEN NAME Celesta Storey

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Denise Illinois

17. INFORMANT (ADDRESS) Illworth 570 So Rensselaer Highway

18. BURIAL, CREMATION, OR REMOVAL PLACE Flora Ill - DATE 6-28-32

19. UNDERTAKER (ADDRESS) Branson 2nd Co Flora Ill

20. FILED JUN 27 1932 Ray Oster Registrar

**3. MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 25, 1932  
 I HEREBY CERTIFY, That I attended deceased from June 3, 1932 to Jan 25, 1932  
 I last saw her alive on June 2, 1932 Death is said to have occurred on the date stated above, at 7:45 a.m.  
 The principal cause of death and related causes of importance were as follows:

Denise G. Pons and  
Cerebrovascular Disease  
with  
Respiratory Failure  
 Other contributory causes of importance:  
54/19  
 Date of onset 10-30

Name of operation Crematory Date of 6-25-32  
 What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Claris F. Hartman M. D.  
 (Address) 500 S. Rensselaer Highway

WRITE CAREFULLY, 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.

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