

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

Do not use this space.

31002

1. PLACE OF DEATH

County Registration District No. 7001
Township Primary Registration District No. 10-3
City St. Louis (No. City Hospital)

File No.
Registered No. 8726
St. Ward)

2. FULL NAME

(a) Residence, No. 120 No. 3rd St. 25 Ward. St. Louis Mo
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 15 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 10-1854</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>5</u>
	DAYS <u>16</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u>	
	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 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 26th 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 21st 1932 to Sept. 26th 1932
I last saw her alive on Sept. 26th 1932. Death is said to have occurred on the date stated above, at 4:25 A.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 9-21-32
Pulmonary Edema 9-21-32
107A
111B
Other contributory causes of importance:
Bronch. Pneumonia 9-24-32

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

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 Grace Kopp
(ADDRESS) City Hospital

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill Cem DATE 9-30-32

19. UNDERTAKER Louis Kopp
(ADDRESS) City Hospital

20. FILED SEP 29 1932
May C. Parker
Registrar.

Name of operation Date of
What test confirmed diagnosis? Clinical 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
(Signed) Arthur C. Jones M. D.
(Address) City Hospital

MARGIN RESERVED FOR BINDING

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.

S. NO. 2

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