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.

42092

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1002

City St Louis (No. Mo Baptist Hosp St. ..... Ward)

File No. .....

Registered No. 11217

2. FULL NAME Geraldine Broyles

(a) Residence, No. 4310 Swan St., 18 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1909

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
23	3	27	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 2133

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 3D

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

FATHER

13. NAME Pleasant Rasmie

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

MOTHER

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 1

17. INFORMANT Lowell Broyles
(ADDRESS) 4310 Swan Ave

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sun Set B Pk DATE Dec 17 1932

19. UNDERTAKER Unchristin Fud Co
(ADDRESS) 4234 Manchester Ave

20. FILED DEC 17 1932 Max C Starkey Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 15, 1932

22. I HEREBY CERTIFY, That I attended deceased from 12/11, 1932, to 12/15, 1932

I last saw her alive on 12/15, 1932. Death is said to have occurred on the date stated above, at 6:30 P.m.

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

Pyelo-nephritis & Blood stream infection, the organism of which has not yet been identified

Date of onset: Three weeks ago.

Other contributory causes of importance:

None known

Name of operation: none Date of .....

What test confirmed diagnosis? Laboratory 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) E D Edwards M. D.

(Address) 4216 Shaw Blvd