

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

Do not use this space.

4148

**1. PLACE OF DEATH**

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City St Louis Mo (No. 2335 Carr

File No. ....  
Registered No. 1119  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 2335 Carr St., 21 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 35 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) widow  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 4/1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
71 3 26

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

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

MOTHER / FATHER 13. NAME Ben Chauteau

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

15. MAIDEN NAME Kate Barrow

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT Florence Murphy

(ADDRESS) 2335 Carr St

18. BURIAL, CREMATION, OR REMOVAL Washington Park Cemetery 3/3 1933

19. UNDERTAKER Dunn Bros

(ADDRESS) 215 S Jefferson

20. FILED Jan 31 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb 25 1932 to Jan 30 1933

I last saw her alive on Jan 16 1933 Death is said to have occurred on the date stated above, at 12 A. M.

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

Myocardial Insufficiency  
Date of onset

Other contributory causes of importance: None

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) Vincent Mueller M. D.  
(Address) 2335 Franklin

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.

