

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

Do not use this space.

24688

1. PLACE OF DEATH

County..... Registration District No. 70
 Township..... Primary Registration District No. 102
 City St. Louis (No. City Hospital St. Ward)

File No.
 Registered No. 6089 Ward

2. FULL NAME

(a) Residence, No. 2808 Hambley St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 18 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Wid.

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 27, 1885

7. AGE YEARS 47 MONTHS 7 DAYS 17 If LESS than 1 day, hrs. or min.

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

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

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) Sticksman Ky

13. NAME Carry Louise

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

15. MAIDEN NAME Allie McVard

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

17. INFORMANT (ADDRESS) Hospital, Jefferson Medical City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 7/12 1933

19. UNDERTAKER (ADDRESS) B. C. Houston 2812 Thomas St

20. FILED Jul 12 1933 J. F. Bredeck Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-9 1933

22. I HEREBY CERTIFY, That I attended deceased from 7-1-1933 to 7-9-1933

I last saw h. e. alive on 7-9-1933 Death is said

to have occurred on the date stated above, at 11:50 a.m.

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

Dementia Precox Date of onset 7-1-33+
Cerebral Hemorrhage 7-4-33
Bronchial Pneumonia 7-7-33

Other contributory causes of importance: 820

Name of operation..... Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy? 9 p.

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 A. Hines, M. D.
 (Address) City Hospital

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.

2331
2
2
2

