

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

Do not use this space.

27677

**1. PLACE OF DEATH**

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1008

City St. Louis (No. City, No. 71)

File No. ....

Registered No. 7553

**2. FULL NAME**

(a) Residence, No. 3819 Cook St., 11 Ward.

(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 Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. Trammel  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1897  
 7. AGE YEARS 35 MONTHS ? DAYS ? If LESS than 1 day, ..... hrs. or ..... min.

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

13. NAME Unknown

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

15. MAIDEN NAME ? Unknown

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

17. INFORMANT Stephens M. Kent (ADDRESS) City Hosp.

18. BURIAL, CREMATION, OR REMOVAL PLACE Daughters' Burial DATE Sept 1 1933

19. UNDERTAKER (ADDRESS) Monroe & Co

20. FILED SEP - 1 1933 19. J. P. Brebeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-28, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1933, to 8-28, 1933

I last saw h. alive on 8-28, 1933. Death is said to have occurred on the date stated above, at 10:15 P.

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

Labar Pneumonia  
108  
 Other contributory causes of importance

Name of operation..... Date of.....  
 What test confirmed diagnosis? clin. 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) J. P. Brebeck, M. D.  
 (Address) City

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.

OCT 20 1933

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