

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

Do not use this space.

38280

PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **1417a** Francis

File No.
Registered No. **9923**
St. Ward)

FULL NAME

Bertrude Covington
(a) Residence, No. **1417a Francis** St., **21** Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 **Red** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Jeff Covington**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **4-10-1882**
7. AGE YEARS **51** MONTHS **7** DAYS **3** If LESS than 1 day,hrs. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House wife**
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) **St. Louis Mo.**

13. NAME **Geo. Bolden**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **unknown**

15. MAIDEN NAME **unknown**

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

17. INFORMANT **Jeff Covington**
(ADDRESS) **1417a Francis St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **11/18/1933**

19. UNDERTAKER **Thelma P. Perkins**
(ADDRESS) **3307 E. Washington**

20. FILED **NOV 17 1933** **J. Brudeck**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-13** 19**33**
22. I HEREBY CERTIFY, That I attended deceased from **Sept 4** 19**33** to **Nov 13** 19**33**
I last saw her alive on **Nov 11** 19**33**. Death is said to have occurred on the date stated above, at **2:30** pm.
The principal cause of death and related causes of importance were as follows:

Hæmorrhage due to rupture of aneurysm
96
103
aneurysm of Aorta
accumbent (standing)
Date of onset

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) **Stewart** M. D.
(Address) **1406 N. Jefferson**

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.

31-1-23

