

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

Do not use this space.

41322

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton

Registration District No. 790
Primary Registration District No. 60330
(No. St. Louis County Hoop)

File No.
Registered No. 217

2. FULL NAME

(a) Residence, No. Greenbrier Mrs. St.

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. (If nonresident, give city or town and State)

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 Tony Gough
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 9th 1866
7. AGE YEARS 67 MONTHS 2 DAYS 18 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.
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) No

13. NAME Mefy Gough

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No

17. INFORMANT Tony Gough (ADDRESS) Greenbrier Mrs. St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Graves DATE Dec 30, 1933

19. UNDERTAKER W. J. Leidner, Und. Co (ADDRESS) 1117 N. Market St.

20. FILED 12/28 1933 (Signed) Robt J. Auksooty Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-27, 1933

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1933, to 12-27, 1933

I last saw him alive on 12-27, 1933 Death is said

to have occurred on the date stated above, at 8:10 p.m.

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

Lung abscess (left) 2nd Date of onset 11-27-33
108 B
110 B
114 B
108
Other contributory causes of importance Type III
Tubercular pneumonia (left lower lobe) 11-23-33
pleural effusion left 11-25-33

Name of operation

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

Where did injury occur?

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 No

(Signed) R. B. Kern, M. D.

(Address) St. Louis County Hospital

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.

JAN 28 1934
96
72
7

2355

