

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.

APR 25 1934

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

Do not use this space.

10588
2406

1. PLACE OF DEATH

County Registration District No. **701**
Township Primary Registration District No. **1003**
City **St. Louis** (No. **City**) **Wash.**

File No.
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. **5603 St. Louis 6** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **14** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **7** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Unknown**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 22 1880**
7. AGE YEARS **54** MONTHS **0** DAYS **6** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Truck**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Same**
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) **Arkansas**

MOTHER FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **11**

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **11**

17. INFORMANT **Wash Lafayette** (ADDRESS) **City Wash**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Peter's** DATE **3/10** 1934

19. UNDERTAKER **Wm. Lidner & Co.** (ADDRESS) **1417 N. Market St.**

20. FILED **J. H. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **3/8** 19**34**
22. I HEREBY CERTIFY, That I attended deceased from **2/22** 19**34** to **3/8** 19**34**
I last saw **her** alive on **3/8** 19**34** Death is said to have occurred on the date stated above, at **10:30** a.m.
The principal cause of death and related causes of importance were as follows:

Toxic adenoma of Thyroid
Other contributory causes of importance: **Lobar Pneumonia, Hypochloremia, etc.**
Name of operation **Hypochloremia, etc.**
What test confirmed diagnosis? **Yes** Was there an autopsy? **Yes**

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) **W. J. Darr**, M. D.
(Address) **City Wash**

