

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.

1. PLACE OF DEATH

County.....

Registration District No. **791**
1003

Township.....

Primary Registration District No.

City **St. Louis**

(No. **Christian Hospital**)

File No. **11293**

Registered No. **3195**

St. Ward)

2. FULL NAME **Patsy Lee Willingham**

(a) Residence, No. **4427 Margaretta Ave.** st. **10** 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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb. 3rd, 1934**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 26

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **None**
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 **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Mrs Edna T. Hamsley 4427 Margaretta Ave.**

18. BURIAL CREMATION, OR REMOVAL PLACE **Bethany Cem.** DATE **Mar. 30th 1934**

19. UNDERTAKER (ADDRESS) **Hehmann Funeral 1905 Union Blvd.**

20. FILED 19 **J. Bedeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 29, 1934**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 29, 1934**, to **3/29, 1934**

I last saw her alive on **3/29, 1934**. Death is said

to have occurred on the date stated above, at **11:30 a.m.**

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

Intestinal
1223 Obstructed
86
Pyloric stenosis
and
brech
Date of onset

Name of operation **no** Date of

What test confirmed diagnosis? 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) **Robert W. Robertson**, M. D.

(Address) **3720 Washington**

(Robertson)

Reference # 10-12

10-12