

JUN 12 1935

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

Do not use this space.

17785

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **Saint Louis** (No. **3743 Cook Avenue**)

File No.....
Registered No. **4095**
St. Ward)

2. FULL NAME **Hester Steele**

(a) Residence, No. **3743 Cook Avenue** St. **11** Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **Unavailable** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Unknown 1844**
7. AGE YEARS **91** MONTHS **✓** DAYS **✓** If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housework**
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) **Unavailable** 11. Total time (years) spent in this occupation **Unk.**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**

13. NAME **Randall Perkins**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Unavailable Tennessee**

15. MAIDEN NAME **Fannie-Unavailable**

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

17. INFORMANT (ADDRESS) **Miss Louise Spencer 3743 Cook Avenue**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Saint Peters** DATE **May 6th/1935**

19. UNDERTAKER (ADDRESS) **Charles J. Bates 4107 Finney Avenue**

20. FILED **MAY -6 1935** 19 **J. S. Seedeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 2nd, 1935**

22. I HEREBY CERTIFY, That I attended deceased from **July 30, 1935**, to **May 1st, 1935**
I last saw h. or alive on **May 1st, 1935**. Death is said to have occurred on the date stated above, at **4:30 a.m.**
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
131
Chronic Nephritis
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis? **Chemical** 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? **No**
If so, specify.....
(Signed) **D. E. Moore**, M. D.
(Address) **809 North Jefferson Avenue**

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.

