

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.

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

Do not use this space.

OCT 23 1935

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1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis (No. 715th Lami st.) St. Ward)

File No.
Registered No. 7610

2. FULL NAME

(a) Residence, No. 715th Lami st. St. 23 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26-1861

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or mts.
	<u>54</u>	<u>5</u>	<u>15</u>	

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. at home

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) Missouri

MOTHER FATHER 13. NAME James Green

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

15. MAIDEN NAME Unknown

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

17. INFORMANT William Provence (ADDRESS) 715 Lami st.

18. BURIAL, CREMATION, OR REMOVAL PLACE Leaper Mo. DATE Sept 10th 1935

19. UNDERTAKER Walter Heldule (ADDRESS) 2331 So Broadway

20. FILED 10 1935 19 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 9th 1935

22. I HEREBY CERTIFY, That I attended deceased from 5th of Sept. 1935 to 9th of Sept. 1935

I last saw h. or alive on 9th of Sept. 1935 Death is said to have occurred on the date stated above, at 3:15 pm.

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

Cerebral Paralysis
Bronchial Pneumonia
Chronic Myocarditis
Hydropsy

Other contributory causes of importance: 930

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) Dr Robert Greiner, M. D.

(Address) 2124 Russell av
St Louis Mo

