FEB 11 1936

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

Do not use this space.

3160

**1. PLACE OF DEATH**

County — Registration District No. 791 File No. 384

Township — Primary Registration District No. 2005 Registered No.

City St Louis (No. Deaconess Hospital St. Ward)

**2. FULL NAME** Helen Ewarts Chisholm

(a) Residence, No. 344 Plantkurst St., NR Ward. Webster Groves
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. — mos. 10 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: H. T. Chisholm

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 16 — 1893

7. AGE: YEARS 42 MONTHS 5 DAYS — If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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): Detroit Michigan

FATHER

13. NAME: Walter Ewarts
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): U S A

MOTHER

15. MAIDEN NAME: unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): H. T. Chisholm 344 Plantkurst Rd.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Chicago Ill DATE Jan 13 1936

19. UNDERTAKER (ADDRESS): Parker Und. Co. Webster Groves

20. FILED JAN 11 1936 19 J F Bredeck Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan 10, 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1936, to Jan 10, 1936
I last saw her alive on Jan 10, 1936 Death is said to have occurred on the date stated above, at 3 P m.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Pneumonia Lobar | 1-1-36 |
| 108 | |

Other contributory causes of importance: Myocarditis Chr — Dont know

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Ralph E Easton, M. D.
(Address) Webster Groves, Mo

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.

100M-11-24-33