

APR 11 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH 791

1. Do not use this space.

## 1. PLACE OF DEATH

County..... Registration District No. 1008  
Township..... Primary Registration District No.  
City St. Louis (No. 3115 Sheridan)  
St. 21 Ward

File No. 12898  
Registered No. 2961  
St. 21 Ward

## 2. FULL NAME

Jean Marie Featherston  
(a) Residence No. 3115 Sheridan St., 21 Ward.

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 18, 1935</u>		
7. AGE YEARS	MONTHS	DAYS
<u>1</u>	<u>0</u>	<u>27</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____		
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) <u>St. Louis, Mo.</u>		
FATHER	13. NAME <u>George Featherston</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Ollie Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky.</u>	
17. INFORMANT <u>George Featherston</u> (ADDRESS) <u>3115 Sheridan</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>John Dwyer</u> DATE <u>3-18</u> 19 <u>36</u>		
19. UNDERTAKER <u>Wm. J. Dwyer</u> (ADDRESS) <u>2134 Broadway</u>		
20. FILED <u>MAR 18 1936</u> <u>J. Brebeck</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-15 193622. I HEREBY CERTIFY, That I attended deceased from 3-5- 1936, to 3-15-1936, 1936I last saw her alive on 3-15- 1936. Death is said to have occurred on the date stated above, at 6 A. M.

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

Lobar Pneumonia  
108  
Other contributory causes of importance: \_\_\_\_\_

Date of onset \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there a autopsy? \_\_\_\_\_23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1936Where 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? Yes  
If so, specify \_\_\_\_\_(Signed) J. B. Walker, M. D.  
(Address) 1001 N. Jefferson

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.

