

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

Do not use this space.

SEP 23 1936

31069

1. PLACE OF DEATH

County Jackson
Township Central
City St. Louis (No. General Hosp #2)

Registration District No.
Primary Registration District No.

File No.
Registered No. 3869
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 704 8 6th St., 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
4. COLOR OR RACE Caucasian
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OR (OR) WIFE OF John Bismark
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-21-1895
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
41 4 27

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-18, 1936
22. I HEREBY CERTIFY, That I attended deceased from 8-17, 1936, to 8-18, 1936
I last saw her alive on 8-18, 1936. Death is said to have occurred on the date stated above, at 12:25 P.M.
The principal cause of death and related causes of importance were as follows:

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. W. P. A.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Leinestras
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.....

Date of onset
Vincent's Angina
with
Sepsis
Other contributory causes of importance: 11501
Nephritis

MOTHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
13. NAME Mrs Carter
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical Was there an autopsy? No

MOTHER
15. MAIDEN NAME Empire Jamison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss.
17. INFORMANT (ADDRESS) Record Clerk

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.....

18. BURIAL, CREMATION, OR REMOVAL
PLACE Highland DATE Aug 24, 1936
19. UNDERTAKER (ADDRESS) Halpin Work
1779 S. 1st
20. FILED 8/20, 1936 M. M. Crowe, asst Registrar.

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....
(Signed) J. A. Deane M. D.
(Address) General Hosp #2

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.

