

DEC 3 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City, St. Louis, Missouri

City Hospital

File No. 42924

Registered No. 11496

St. Ward)

B. 11891 Mary Gott

2. FULL NAME

1014 a South 9th St., 22 Ward.

(a) Residence, No.

(Usual place of abode)

(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

Austin J.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Aug 16/-1909

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

27

3

1

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

hwk

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)

Tennessee

MOTHER FATHER

13. NAME

Jesse Belch

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

?

15. MAIDEN NAME

Annie Hurt

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

?

17. INFORMANT (ADDRESS)

Hoop Info. M. J. Bent
City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACEMENT

Memorial Park DATE 11/21 1936

19. UNDERTAKER (ADDRESS)

Chas. A. Bueh
445 N. 1st St.
St. Louis, Mo.

20. FILE

NOV 19 1936

J. Bredebeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/17/36 19

22. I HEREBY CERTIFY That I attended deceased from 11/13/36 19. 11/17/36 19.

I last saw her alive on 11/17/36 19. Death is said to have occurred on the date stated above, at 11.25 P.

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

Regeneration of cervix
& lower uterine
segment
aggravated by
aggravation of peritonitis
due to child birth

Date of onset

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) J. E. G. M. D.

(Address) City Hospital No. 1

