

JUN 12 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No.)

Registration District No. **791**
Primary Registration District No. **1003**
1323 N. Sarah St

File No. 17939
4515
Registered No.
St. Ward)

2. FULL NAME Jennie Richards

(a) Residence, No. 1323 N. Sarah St St., 11 Ward.
(Usual place of abode)

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 female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Thomas Richards

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22, 1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 74 8 8

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) Springfield Mo.

13. NAME Edward Almond

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

15. MAIDEN NAME Unknown

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

17. INFORMANT HENRY Sikes (ADDRESS) 1323 N. Sarah St

18. BURIAL, CREMATION, OR REMOVAL PLACE Springfield Mo DATE 5/3/37, 19..

19. UNDERTAKER Wagon (ADDRESS) 4356 Lindell Blvd

20. FILED MAY 1 - 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APRIL 30th, 1937

22. I HEREBY CERTIFY, That I attended deceased from DEC. 15th, 1937, to April 30, 1937

I last saw her alive on April 30th, 1937 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:

CHRONIC MYOCARDITIS

CHRONIC PYRENEPHAMAROUS NEPHRITIS

Other contributory causes of importance:

HYPERTENSION
SENILITY

Name of operation none 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?
If so, specify
(Signed) Dr. James S. Austin
(Address) 4336 Lindell Blvd

Date of onset
INDIFFINITE

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.

1-000-23

