

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.

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

Do not use this space.

126 FEB 12 1938

791
1003

1019

1. PLACE OF DEATH

County St. Louis
Township Mc
City St. Louis (No. City Hospital)

Registration District No. 1003
Primary Registration District No. 1003

File No. 1019
Registered No. 875
St. 11 Ward 6

2. FULL NAME

(a) Residence, No. 4664 1/2 Cottage St.
(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 F. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (NAME OF) Wm. J. Franklin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 24 1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
52 3 0

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

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) Ireland

13. NAME James Hill

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Wm. J. Franklin 4664 1/2 Cottage St.

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Mary's Cem 1/27/38

19. UNDERTAKER (ADDRESS) Sullivan and Co 2545 N. Louis

20. FILED JAN 25 1938 J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/24, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on Death is said to have occurred on the date stated above, at 10 45 a.m.

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

Compound Fracture and Laceration of left ankle
Fracture of Vertebrae Suffered in fall from window of her home 4664 1/2 Cottage Ave when deceased lost balance while leaning out window about 2:20 p.m. Jan. 22 1938

Other contributory cause of importance: None
Name of operation None Date 1938

What test confirmed diagnosis? None Was there an autopsy? No

23. Death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide. Accident Date of injury 1/27, 1938

Where did injury occur? St. Louis (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Secular

Nature of injury Secular

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify (Signed) Joseph M. Duvent, M. D. (Address) Deputy Coroner

Eugene A. Putnam
Secine 2930