

AUG - 5 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

Registration District No. 791
Primary Registration District No. 1003
City Hospital No. 1
No. Sarah Yeager

File No.....
Registered No. 6749
St. Ward)

C. 4702

2. FULL NAME

(a) Residence, No. 4142 West Pine St., 19 Ward.
(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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wife of John F.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 25, 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
35 70 1 16

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

13. NAME Henry Beck

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

15. MAIDEN NAME Esther Elliott

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

17. INFORMANT Hosp Info M. Kent
(ADDRESS)

18. BURIAL CREMATION OR REMOVAL in Doe Run, Mo.
PLACE DATE July 16, 1937

19. UNDERTAKER A. W. McLaughlin
(ADDRESS) 2301 Lafayette Avenue

20. FILED JUL 14 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 7/7/37, 19, to 7/13/37, 19.

I last saw her alive on 7/13/37, 19. Death is said to have occurred on the date stated above, at 6.10 A.

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

Cerebral hemorrhage (non-traumatic) Date of onset

Other contributory causes of importance: Generalized arteriosclerosis with hypertension

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? yes

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) Charles M. Jessico, M. D.
(Address) City Hospital No. 1

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.

