

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

Do not use this space.

29196

1. PLACE OF DEATH

County.....
Township.....
City..... *St Louis* (No. *4106 Page Blvd*)

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **8802**
St..... Ward.....

2. FULL NAME

(a) Residence. No..... 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

2. 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 *Louise Blauet*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *July 29 1896*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
31 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work *Housewch. 1870*
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY) *Ill.*

10. NAME OF FATHER *Geo Young.*

11. BIRTHPLACE OF FATHER (CITY OR TOWN)..... (STATE OR COUNTRY) *Ill.*

12. MAIDEN NAME OF MOTHER *Fannie Plank.*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)..... (STATE OR COUNTRY) *Ill.*

14. INFORMANT *Louise Blauet*
(Address) *4106 Page Ave*

15. *CGI - 3 1927* FILED *19-27* *Man. C. Starkloff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) *Sept. 29 19*

17. I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19..... that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Shock & Injuries (Internal) caused by being crushed when home collapsed during wind storm, Sept. 29th., at 1:00 P.M.
CONTRIBUTORY..... ACCIDENT.
(SECONDARY).....

18. WHERE WAS DISEASE CONTRACTED.....
IF NOT AT PLACE OF DEATH.....

18 DID AN OPERATION PRECEDE DEATH..... DATE OF.....

18 WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS.....
(Signed) *R. A. Via*, M. D.
1/27 (Address) *Corcoran*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *St. Peters Cemetery* DATE OF BURIAL *10/4/27 19*

20. UNDERTAKER *Reidewiede* ADDRESS *812 Davis Ave*

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.

