

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.

SEP 20 1934

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township St. Lukes Hospital Primary Registration District No. 100
City St. Louis, Mo. (No. St. Lukes Hospital) St. 3000 Ward 1

2. FULL NAME

(a) Residence, No. 719 St. Mo Ward. Pol Mo
(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

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Paul Wollard

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

7. AGE YEARS 59 MONTHS 4 DAYS 4 IF LESS than 1 day,hrs. ormin.

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. Housewife

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) Day, Missouri

13. NAME Paul Wollard

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

15. MAIDEN NAME unknown

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

17. INFORMANT Mr. Paul Wollard (ADDRESS) St. Louis, Missouri

18. BURIAL, CREMATION, OR REMOVAL

PLACE Sanmylone DATE August 19, 1934

19. UNDERTAKER Edith Mansur (ADDRESS) Madison, Missouri

20. FILED 8-1-34 19 34 M. M. Carver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 1, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1933 to Aug 1, 1934

I last saw her alive on Aug 1, 1934 Death is said

to have occurred on the date stated above, at 4 a. m.

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

Infection (Staphylococcus) Date of onset 191

Other contributory causes of importance:

Placental atherosclerosis

Name of operation Lamectomy Date of July 2, 1934

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.....

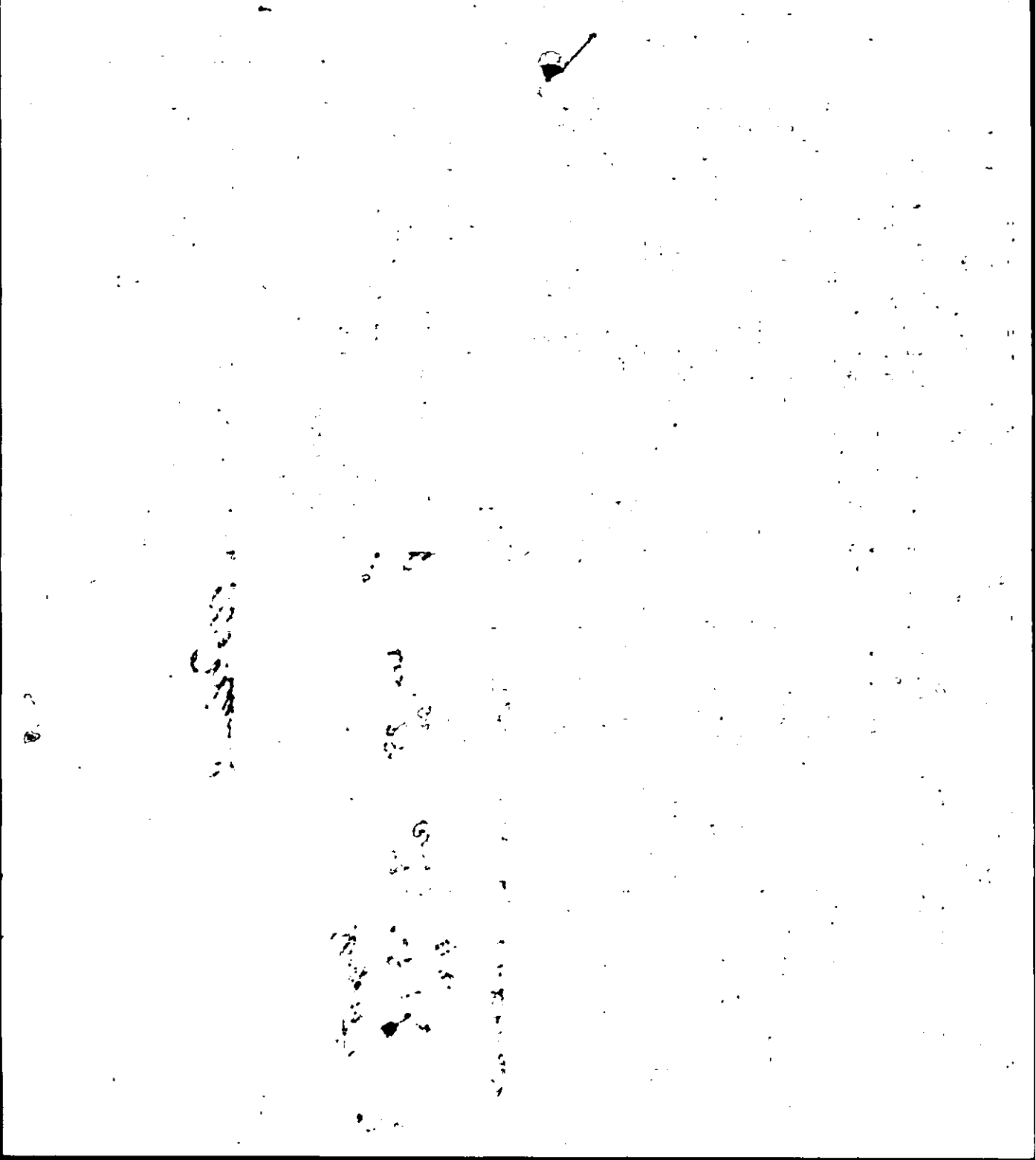
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....

If so, specify E. L. Well

(Signed) E. L. Well, M. D.

(Address) 1032 Professional



Pia arachnoiditis

separated

op. Lamrectomy

