

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

Do not use this space.

35410
10153

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City St. Louis (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Virginia A. Depew
(a) Residence. No. 3831 Botanical Ave Ward. 17
(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.

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 Harry D. Depew
6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 12 - 1842
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87. 5 3
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Russellville
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER Lambert Nowland

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

12. MAIDEN NAME OF MOTHER Lavinia Cooper

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

14. INFORMANT V.A. Depew
(Address) 3831 Botanical Ave

15. FILED Oct 17 1929 Max E. Harker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 15 1929
17. I HEREBY CERTIFY, That I attended deceased from Sept 1 1929 to Oct 15 1929 that I last saw h. alive on Oct 12 1929, and that death occurred, on the date stated above, at 4:30 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
9:30
77
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) arterial sclerosis
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF.....
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no
(Signed) F. Harker, M. D.

Oct 17 1929 (Address) 3206 Lafayette St

*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 Bellfontaine DATE OF BURIAL Oct 17 1929

20. UNDERTAKER Ch. Lupton ADDRESS 4119 Olive

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.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

2
2

at. near off

3206 Lafayette

grand 5715

3 and 4 P.M.