

OCT 2 1927

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

Do not use this space.

25411

## 1. PLACE OF DEATH

County St. LouisRegistration District No. 1123Township CarondeletPrimary Registration District No. 624813City Roch. Mo.(No. Roch. Koch Hosp.)

File No. \_\_\_\_\_

Registered No. 288

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

(a) Residence. No. 4021 Luckey St. \_\_\_\_\_ Ward \_\_\_\_\_

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. 1 mos. 12 ds. How long in U.S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

## PERSONAL AND STATISTICAL PARTICULARS

## 3. SEX

Male

## 4. COLOR OR RACE

Negro

## 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Child

## 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Child

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

Sept 8, 1926

## 7. AGE

YEARS  
0MONTHS  
10DAYS  
26

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

## 8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Child

(b) General nature of industry, business, or establishment in which employed (or employer)

Nil

(c) Name of employer

## 9. BIRTHPLACE (CITY OR TOWN)

St. Louis, Mo.

(STATE OR COUNTRY)

## 10. NAME OF FATHER

Roch. Singletary

## 11. BIRTHPLACE OF FATHER (CITY OR TOWN)

La.

(STATE OR COUNTRY)

## 12. MAIDEN NAME OF MOTHER

Lizzie Williams

## 13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

La.

(STATE OR COUNTRY)

## 14.

INFORMANT  
(Address)Koch. Hosp. Records  
Roch. Mo.

## 15.

FILED

Aug 5, 1927

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 4, 192717. I HEREBY CERTIFY, That I attended deceased from June 27, 1927 to Aug 4, 1927that I last saw him alive on Aug 4, 1927 and that death occurred, on the date stated above, at 10:00 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Pulmonary TB.

CONTRIBUTORY (SECONDARY)

18. (WHERE WAS DISEASE CONTRACTED)

IF NOT AT PLACE OF DEATH?

254 (duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Unknown

19. DID AN OPERATION PRECEDE DEATH? DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Francis H. Newell, M. D., 19 (Address) Roch. Mo.

\*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

DATE OF BURIAL

Washington Park8-5-27

20. UNDERTAKER

ADDRESS 4202W.S. Weddell & Co. Inc.

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 IN INK, WITH UNFADING INK—THIS IS A PERMANENT RECORD

