

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **1008** File No. **28710**
 City **St. Louis** (No. **St. Louis Hospital #2**) Registered No. **8171** St. _____ Ward _____

2. FULL NAME

(a) Residence. No. **3722 Rutger** St., **18** Ward. _____
 (Usual place of abode) _____
 Length of residence in city or town where death occurred **40** 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

3. SEX **Male** 4. COLOR OR RACE **Col.** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED **Widowed**

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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. **abt. 67**

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Labarer**
 (b) General nature of industry, business, or establishment in which employed (or employer) **13**
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Ala.**

10. NAME OF FATHER

Pledge Bulwin

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ala.**

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) **Ala.**

14.

INFORMANT **Anna F. Woodard**
 (Address) **City Hospital #2**

15.

FILED **AUG 21 1928**
W. C. Gordon REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Aug 6, 1928**

17. I HEREBY CERTIFY That I attended deceased from **7:30**, 19**28**, to **8:16**, 19**28**, that I last saw him alive on **8/6/28**, 19**28**, and that death occurred, on the date stated above, at **4:15 P.M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

carcinoma of stomach with metastasis to liver

Chronic nephritis, chronic pyelitis and arteriosclerosis - indefinite

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? **No** DATE OF _____

WAS THERE AN AUTOPSY? **yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Post-mortem**

(Signed) **R. C. Cunningham**, M. D.

. 19 (Address) **2845 Newton**

*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

Greenwood Cem. DATE OF BURIAL **Aug 11 1928**

20. UNDERTAKER

W. C. Gordon Und. Co ADDRESS **2049 Morgan**

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

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.

