

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

Do not use this space.

23055

1. PLACE OF DEATH

County..... Registration District No. 791
Township City Hosp #2 Primary Registration District No. 1003
City St. Louis (No. City Hospital #2)

File No.
Registered No. 6489
St. Ward

2. FULL NAME

(a) Residence. No. 3051 Thomas 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. mos. 13 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>7</u>	4. COLOR OR RACE <u>C</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>5-27-29</u>		
7. AGE	YEARS	MONTHS
	<u>13</u>	
	If LESS than 1 day, hrs. or min.	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Mo. St. Louis
(STATE OR COUNTRY)

10. NAME OF FATHER

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

12. MAIDEN NAME OF MOTHER Emma Lewis

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Mo. St. Louis

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

15. FILED JUN 17 1929
REGISTRAR May C. Starkoff

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) 6-9 1929

17. I HEREBY CERTIFY, That I attended deceased from May 27 1929 to June 9 1929 that I last saw him alive on June 9 1929 and that death occurred, on the date stated above, at 7:35 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Inanition
159
157 (duration) yrs. mos. 13 ds.

CONTRIBUTORY (SECONDARY) Prematurity
(duration) yrs. mos. 13 ds.

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

0 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) H. W. Leathers M. D.
6/9 1929 (Address) City Hosp #2

State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) WHETHER ACCIDENTAL, SUICIDAL, or HOMICIDE.
Removed to Washington Park

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Washington Park
DATE OF BURIAL 6-20-1929

20. UNDERTAKER Ruston
ADDRESS 2945 Lawton

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

31
2

