

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

Do not use this space.

26655

1. PLACE OF DEATH

County Registration District No. 791

Township Primary Registration District No. 7003

City St. Louis, mo. No. City Hospital #2

File No.

Registered No. 7929

St. Ward)

2. FULL NAME

(a) Residence. No. 2223 Clarke St. 22 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-10-1884

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
45 4 8

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Laborer
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)..... Pennsylv
(STATE OR COUNTRY)

10. NAME OF FATHER Hoods Rowell

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

12. MAIDEN NAME OF MOTHER unknown

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

14. INFORMANT A. Gertrude Creath #2
(Address) City Hospital #2

15. FILED JUL 31 1929 Walter Richter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-18-1929

17. I HEREBY CERTIFY, That I attended deceased from 5-24- 1929 to 7-18- 1929 that I last saw him alive on 7-18- 1929 and that death occurred, on the date stated above, at 4:50 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A
Pulmonary Tuberculosis
(duration) 1 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) ST
(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? no DATE OF

19. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? X-Ray + Sputum
(Signed) H.E. Hale M. D.

7-18-1929 (Address) City Hospital #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 HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Louis U. DATE OF BURIAL 7-26-1929

20. UNDERTAKER Walter Richter ADDRESS 3500 Rutquest

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.

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