

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

Do not use this space.

11194

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1008
City St. Louis Mo. No. City Hospital # 2

File No.
Registered No. 3231
St. Ward)

2. FULL NAME

(a) Residence. No. 2021 Chestnut St., 21 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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 -

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-16-1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 7 14

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) odd jobs
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Mo. Grant

10. NAME OF FATHER John (Carnell)

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

12. MAIDEN NAME OF MOTHER Mrs. Henrietta Grant

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

14. INFORMANT A. Gertrude Creath

(Address) City Hosp # 2

15. FILED 31 1930 Max C. Stork

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-30-1930

17. I HEREBY CERTIFY, That I attended deceased from 3-29-1930 to 3-30-1930 that I last saw him alive on 3-30-1930, and that death occurred, on the date stated above, at 5:25 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 5:25 Am

Pulmonary Tuberculosis
23A
(duration) - yrs. 11 mos. - ds.

CONTRIBUTORY (SECONDARY) 31

(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? clinical
(Signed) A. Hale, M. D.

(Address) City Hosp # 2

*State the DISEASE CAUSING DEATH for 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

St. Louis 3/31 1930

20. UNDERTAKER ADDRESS

W. Richter 300 Putger

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.

2-1-337

RECORD

