

96
MAY 28 1930

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

Do not use this space.

13807

1. PLACE OF DEATH

County St. Louis Registration District No. 784 File No. _____
Township St. Ferdinand Primary Registration District No. 6030 Registered No. _____
City St. Louis (No. St. Louis Training School St. _____ Ward)

2. FULL NAME

(a) Residence No. St. Louis Training School (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 13 yrs. 8 mos. 25 da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE white 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) Aug. 11 1916

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
13 8 25

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work none 34
(b) General nature of industry, business, or establishment in which employed (or employer) 12
(c) Name of employer

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

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Records of St. Louis Training School
(Address)

15. FILED 5/7/30 O. H. Schutte, M.D. REGISTRAR

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MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1925, to April 26, 1930 that I last saw him alive on April 26, 1930, and that death occurred, on the date stated above, at 1459 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Septicemia following
Infectious Abscess
(duration) ____ yrs. ____ mos. 7 da.
CONTRIBUTORY Congenital Syphilis
(SECONDARY)
(duration) 15 yrs. 8 mos. 25 da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____
DID AN OPERATION PRECEDE DEATH? yes DATE April 21, and 24
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) L. A. Misch, M. D.
April 24 1930 (Address) St. Louis Training School

*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 burial DATE OF BURIAL 4-28 1930

20. UNDERTAKER Arthur J. Donnelly ADDRESS 2039 Wash St

M. 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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