

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

Do not use this space.

14074

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis (No. Hospital 2)

Registration District No. 791  
Primary Registration District No. 1003

File No.....  
Registered No. 3400  
St..... Ward.....

**2. FULL NAME**

(a) Residence No. 612 N. Broadway, St. 29 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. 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 widowed (write the word)  
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. 69 Unknown  
8. OCCUPATION OF DECEASED  
(a) Trade, profession, or particular kind of work Blind  
(b) General nature of industry, business, or establishment in which employed (or employer) Nil  
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn  
10. NAME OF FATHER Unknown  
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown  
12. MAIDEN NAME OF MOTHER Unknown  
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Pearl Miller  
(Address) 612 N. Broadway  
15. FILED 5 1930 May Entwistle  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 3 1930  
17. I HEREBY CERTIFY, That I attended deceased from February 2 1930 to April 3 1930 that I last saw him alive on April 3 1930, and that death occurred, on the date stated above, at 1295 A m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
Chronic Nephritis  
131  
137B (duration) yrs. 1 mos. ds.

CONTRIBUTORY (SECONDARY) menia (duration) yrs. 3 mos. ds.

18. WHERE WAS DISEASE CONTRACTED 1295 A  
IF NOT AT PLACE OF DEATH.....

0 DID AN OPERATION PRECEDE DEATH? NO DATE OF.....  
WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS Microb. Laboratory  
(Signed) J. Thomas M. D.  
4/4/30 (Address) 222 A. Jefferson

\*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 E. St. Louis DATE OF BURIAL 3/24 1930

20. UNDERTAKER J. A. Brown ADDRESS 2915 Euclid

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.

380

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171

2915 Euclid

803665  
en 10/27