

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.

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

Do not use this space.

16414

1. PLACE OF DEATH

County Jackson
Township North
City St. Louis

Registration District No. 399

Primary Registration District No. 100

File No. 2308

Registered No. 2308

St. Ward

2. FULL NAME

(a) Residence. No. 808 E. 8th St. 1 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

Female

4. COLOR OR RACE

Negro

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)

Unknown

7. AGE

about 45

YEARS

—

MONTHS

—

DAYS

—

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Domestic

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

North

10. NAME OF FATHER

North

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

North

12. MAIDEN NAME OF MOTHER

North

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

North

14.

INFORMANT

(Address)

Golden Stewart
1429 E. 18th

15.

FILED

5, 1930 M. M. Brown

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

5-30-1930

17.

I HEREBY CERTIFY That I attended deceased from

, 1930, to 1930, and that I last saw him alive on 1930, and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

23A
110A
Pulmonary Tuberculosis
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. ds.

18. WHEREAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

AND AN OPERATION PRECEDED DEATH

DATE OF

WAS THERE AN AUTOPSY

yes

WHAT TEST CONFIRMED DIAGNOSIS

309, 1930 (Address) St. Louis, M. D.

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

DATE OF BURIAL

6-6-1930

20. UNDERTAKER

ADDRESS

Mr. W. W. Tichenor

