

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

17247

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

Township Central

Primary Registration District No. 173

City Clayton R. P. (No. 173)

File No.

Registered No.

St. Ward)

2. FULL NAME

(a) Residence. No. 173 Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR WIFE OF) Sillie Mamie Mccluskey

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

June 26 - 1872

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

57

11

6

8. OCCUPATION OF DECEASED

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

Steward

(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)

Kentucky

10. NAME OF FATHER

Don't know

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Don't know

12. MAIDEN NAME OF MOTHER

Rhoda Hobbs

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Kentucky

14.

INFORMANT

(Address)

Raymond Mccluskey
4226 N. Cole, Brilliant

15.

FILED

May 31, 1930 R. W. Sullivan
St. Louis Mo
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 27 1930

17. I HEREBY CERTIFY, That I attended deceased from May 23, 1930, to May 27, 1930, that I last saw him alive on May 26, 1930, and that death occurred, on the date stated above, at m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Coronary thrombosis

930

993

97

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY)

Arterio-sclerosis and
Coronary arteriosclerosis (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? History, E. K. G.

(Signed) W. F. Fisher, M. D.

May 28, 1930 (Address) 3720 Washington

*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

St. Peters Cem.

5/30 1930

20. UNDERTAKER

ADDRESS

A. Russell and Co

2732 Pine St

