

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

Do not use this space.

1. PLACE OF DEATH

County.....

Registration District No. **791**

1003

Township.....

Primary Registration District No.....

City **St. Louis** (No. **City Hospital**)

File No. **20774**
20676

Registered No. **5459**

St. Ward)

2. FULL NAME

(a) Residence. No. **1309 California St.** **22** Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **10** 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

White

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

married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Bertie Booker

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

May 1 - 1901

7. AGE

YEARS **29**

MONTHS **1**

DAYS **2**

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Switchman**

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

(c) Name of employer **Wabash R R Co**

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) **Tennessee**

PARENTS

10. NAME OF FATHER **Henry Booker**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Tennessee**

12. MAIDEN NAME OF MOTHER **Ma Chimes**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Tennessee**

14.

INFORMANT **E. P. Brown**
(Address) **City Hospital**

15.

FILED **1930**
John C. Harkin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **June 3 1930**

17. I HEREBY CERTIFY That I attended deceased from **May 22 1930** to **June 3 1930** that I last saw him alive on **June 3 1930** and that death occurred, on the date stated above, at **10:30 p. m.**

THE CAUSE OF DEATH WAS AS FOLLOWS:

**Syphilis of Cardio-vascular System
Chronic Myocarditis with
Decompensation** yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

(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 - H.H. Wasserman**

(Signed) **Edward J. Helms, M. D.**
6/4 1930 (Address) **City Hospital**

*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

Dickson Tenn. 6-4 1930

20. UNDERTAKER

M. Laughlin 1631 No. ave.

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.

RECORD

Quaker