

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis

Registration District No. 1000

Primary Registration District No. 1000

File No. 25048
Registered No. 7231
St. St. Louis Ward 12

2. FULL NAME

(a) Residence. No. 425 Algoune Ave. St. 12 Ward St. Louis Co. Mo.
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 William L. Paris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 19 1962

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
67 8 0 0 0

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At home
(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) Indiana

PARENTS

10. NAME OF FATHER unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

12. MAIDEN NAME OF MOTHER unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) U.S.A.

14. INFORMANT Arthur F. Barnes Jr.
(Address) 425 Algoune Place

15. Jul 21 1930 FILED May 21 1930 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1930

17. I HEREBY CERTIFY, That I attended deceased from May 28 1930 to July 19 1930
that I last saw him alive on July 19 1930 and that death occurred, on the date stated above, at 2:05 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of
53B Bladder
92A (duration) yrs. 7 mos. 7 ds.
CONTRIBUTORY (SECONDARY) arterio-sclerosis
(duration) yrs. 5 mos. 5 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH 140
AND AN OPERATION PRECEDE DEATH. 40 DATE OF 6/24 & 6/28/30
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Cystoscopy
(Signed) Maurice Thompson M. D.
7/19 1930 (Address) 308 Oakwood Bldg

*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

Oak Hills July 22 1930
20. UNDERTAKER Adron T. Ellis ADDRESS 2707 N. 1st

ONCE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

