

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

Do not use this space.

31330

1. PLACE OF DEATH

County.....

Registration District No. **791**

File No.

Township.....

Primary Registration District No. **1003**

Registered No. **8930**

City **St. Louis** (No. **6**)

Peoples Hospital 344 Pine St. (Ward)

2. FULL NAME

(a) Residence. No. **4287 Sacramento** Ward. **10**

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **12** yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Sept. 8th 1930**

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

17. I HEREBY CERTIFY, That I attended deceased from **Aug. 23rd 1930**, to **Sept. 8th 1930**, that I last saw him alive on **Sept. 8th 1930**, and that death occurred, on the date stated above, at **9 P. M.**

THE CAUSE OF DEATH* WAS AS FOLLOWS:

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Aug. 5, 1908**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 1 3

12.1 B
129 (duration) yrs. mos. **17** ds.
CONTRIBUTORY **Peritonitis** (SECONDARY) (duration) yrs. mos. **17** ds.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work **Student**
(b) General nature of industry, business, or establishment in which employed (or employer) **Summer night school**
(c) Name of employer **Washburn**

18. WHERE WAS DISEASE CONTRACTED

9. BIRTHPLACE (CITY OR TOWN) **Washburn** (STATE OR COUNTRY) **Kentucky**

10. NAME OF FATHER **Dr. Joseph Steverson**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **British** (STATE OR COUNTRY) **So. American**

12. MAIDEN NAME OF MOTHER **Elizabeth Edmond**

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

IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **Aug 25th 1930**
WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **Fred A. Gille**, M. D.
9/11 1930 (Address) **2712 N Grand Ave**

*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.

14. INFORMANT **Elizabeth Callendar** (Address) **4287 Sacramento**

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Washington Park Cem** DATE OF BURIAL **Sept 13, 1930**

15. FILED **SEP 13, 1930** REGISTRAR **W. C. Starke, Jr.**

20. UNDERTAKER **Peoples Und. Co. Franklin** ADDRESS **3100**

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.

