

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

Do not use this space.

8136

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. City Hospital #2)

Registration District No. 791
Primary Registration District No. 10113

File No.
Registered No. 2509
St. Ward)

2. FULL NAME

(a) Residence. No. 1401 MORGAN St. 25 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SINGLE

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-11-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
61 11 -

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. COMM. LABOR
(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) TENN.

10. NAME OF FATHER REUBEN TUFF

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

12. MAIDEN NAME OF MOTHER 11

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) 11

14. INFORMANT A. GERTRUDE CREATH
(Address) CITY HOSPITAL #2

15. FILED 25 11 31 Wm. C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-11-1931

17. I HEREBY CERTIFY, That I attended deceased from 2-1-1931, to 2-11-1931, that I last saw h.i.m. alive on 2-11-1931, and that death occurred, on the date stated above, at 7:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

CHR. MYOCARDITIS

(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) UNKNOWN

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH UNKNOWN

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? CLINICAL
(Signed) Henry H. Sampson, M. D.

2-12-1931 (Address) City Hospital #2

*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 St. Louis DATE OF BURIAL 2-23-31

20. UNDERTAKER Wm. R. Hunter - 3500 Kutzbach ADDRESS St. Louis

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.

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