

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. Jewish Hospital)

Registration District No. 781
Primary Registration District No. 1003

File No. 16072
Registered No. 4548
St. Ward)

2. FULL NAME

(a) Residence. No. 4571 Euans Ave. St. 11 Ward.

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 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 Thomas E. Dungan

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 26, 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
44 6 19

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. At Home 335
(b) General nature of industry, business, or establishment in which employed (or employer).
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Honey Grove (STATE OR COUNTRY) Texas

10. NAME OF FATHER Charles Hicks

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

12. MAIDEN NAME OF MOTHER Belle Cross no 1/2

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

14. INFORMANT Thomas E. Dungan (Address) 4571 Euans Ave.

15. FILED 15 1931 REGISTRAR W. C. Starnes

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1931
17. I HEREBY CERTIFY, That I attended deceased from February 23, 1931, to April 15, 1931, that I last saw him alive on April 14, 1931, and that death occurred, on the date stated above, at 3:30 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1000
90
Pneumonia, lobar.
..... (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Pneumococcus septemium
..... (duration) yrs. mos. ds.

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

0 DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS Blood culture
(Signed) Hewell Sale M. D.

4/15 1931 (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 Friedens DATE OF BURIAL Aug 17 1931

20. UNDERTAKER Math Hermann and Son ADDRESS 2118 E. Fair 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.

