

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH **791**

Do not use this space.

23364

1. PLACE OF DEATH

County Registration District No. **100B**
 Township Primary Registration District No. **2**
 City **St. Louis Mo** (No. **City Hospital**)

File No.
 Registered No. **6843**
 St. Ward)

2. FULL NAME **Harrison Property**

(a) Residence, No. **4174** **Conquest St.** **19** Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

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 Male	4. COLOR OR RACE Cal	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown		
7. AGE YEARS att. 68	MONTHS -	DAYS -
IF LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer 237		
10. Date deceased last worked at this occupation (month and year) unknown		
11. Total time (years) spent in this occupation unknown		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La 2		
13. NAME unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La		
15. MAIDEN NAME unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La		
17. INFORMANT (ADDRESS) A. J. Estrader, Death		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE June 23, 1931		
19. UNDERTAKER (ADDRESS) People's Burial Co. 310 N. 1st St. St. Louis		
20. FILED JUN 22 1931 Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) **6-20 1931**

2. I HEREBY CERTIFY, That I attended deceased from **6-3 1931** to **6-20 1931**

I last saw him alive on **6-20 5:10 P.M.** 1931. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

§2A

Other contributory causes of importance: **§2A**

Name of operation Date of
 What test confirmed diagnosis? **Chin 9 Feb** Was there an autopsy? **no**

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) **W. H. E. Hampton** M. D.
 (Address) **City Hosp #2**

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.

