

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

Do not use this space.

23527

1. PLACE OF DEATH

County St. Louis
Township Henry Bell
City St. Louis (No. 5)

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 7042
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 2118 Papin St. 22 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 Negro 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 22, 1882

7. AGE YEARS 48 MONTHS 6 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Labourer 2nd
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Miss.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss.
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

14. INFORMANT Bettie Bell
(Address) 2118 Papin St.

15. FILED 26 1931 Max G. Starckoff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 22, 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb _____, 1931, to June 22, 1931 that I last saw h. in alive on June 16, 1931 and that death occurred, on the date stated above, at 10:48 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Myocardial Insufficiency
92A

CONTRIBUTORY (SECONDARY) 92A
(duration) yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED at home
IF NOT AT PLACE OF DEATH, _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS Clinical
(Signed) Vincent M. Muth M.D.

4/23/31 (Address) 2335 Franklin

*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 Greenwood DATE OF BURIAL 6/26/31

20. UNDERTAKER Russell and Co ADDRESS 2732 Olive

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

