

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.

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

Do not use this space.

23740

791
1008

File No. _____
Registered No. **7260**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis, Mo. (No. City Prop #2)

2. FULL NAME

(a) Residence, No. 2106 N. Leffingwell Ward 20
(Usual place of abode)

Length of residence in city or town where death occurred 25 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 <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unknown</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>abt</u>	<u>55</u>	<u>-</u>	<u>-</u>	

OCCUPATION	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. <u>Labourer #37</u>
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>
	11. Total time (years) spent in this occupation <u>unknown</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

13. NAME Jas. Housel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

15. MAIDEN NAME Bettie Carpenter

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill. 2

17. INFORMANT (ADDRESS) G. Gertrude Death City #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE July 1st 1931

19. UNDERTAKER (ADDRESS) A. L. Seal and Co. 2026 S. Lucas

20. FILED 11-1-31 W. C. Stanley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-26 1931

22. I HEREBY CERTIFY, That I attended deceased from 6-11 1931, to 6-26 1931

I last saw h. live alive on 6-26 1931 Death is said to have occurred on the date stated above, at 1:30 P.M.

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

Acute Rheumatic
56A Endocarditis
Other contributory causes of importance: 6 wks

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? _____

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? no
If so, specify _____

(Signed) Henry E. Hampton M. D.
(Address) City Prop #2

