

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

Do not use this space.

26847

1. PLACE OF DEATH

County..... Registration District No. 79
 Township..... Primary Registration District No. 100E
 City St. Louis (No. 409 S. Harrison St. _____ Ward _____)

File No. _____
 Registered No. 8046
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 409 S. Harrison St. 18 Ward _____
 (Usual place of abode) _____ (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male COLOR OF FACE Ed 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14-1876
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 4 4
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Seamstress
 (b) General nature of industry, business, or establishment in which employed (or employer) Reelless
 (c) Name of employer Seamstress

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

10. NAME OF FATHER Mason Hunter
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) _____
 12. MAIDEN NAME OF MOTHER Elizabeth Pope
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

14. INFORMANT Mason Henderson
 (Address) 1117 N. Broadway

15. FILED JUL 21 1931 May C. Stander REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1931
 17. I HEREBY CERTIFY. That I attended deceased from July 18 1931 to July 18 1931
 that I last saw him alive on July 17 1931 and that death occurred, on the date stated above, at 1:00 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute carcinoma

CONTRIBUTORY (SECONDARY) Chorea (duration) 6 yrs. 0 mos. 0 ds.
frequency of hypertension or leukemia (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED _____
 IF NOT AT PLACE OF DEATH _____
 DID AN OPERATION PRECEDE DEATH _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS Physical Examinations
 (Signed) J. F. Rose M. D.
7/18 1931 (Address) 20304 Markey

*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 Father Dickson DATE OF BURIAL July 22 1931

20. UNDERTAKER Emer B. Peltus ADDRESS 3030 Bell

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

