

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

Do not use this space.

26851

1. PLACE OF DEATH

County.....

Registration District No. **781**

Township.....

Primary Registration District No. **1002**

City **St. Louis** (No. **City Hospital**)

File No.
Registered No. **8052**
St. Ward)

2. FULL NAME

(a) Residence, No. **3765 Kosuth** St. **10** Ward.

Length of residence in city or town where death occurred **Life** 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 **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **single**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug 24th 1885**

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	65	10	25	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **House Painter**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

13. NAME **Henry Harris**

14. BIRTHPLACE (CITY OR TOWN) **N. Y.** (STATE OR COUNTRY)

15. MAIDEN NAME **Mary Dare**

16. BIRTHPLACE (CITY OR TOWN) **N. Y.** (STATE OR COUNTRY)

17. INFORMANT **Hospital Informant** (ADDRESS) **City Hospital**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Bellefontaine** DATE **July 22** 19**31**

19. UNDERTAKER **Math Hermann & Son** (ADDRESS) **2161 Park Ave**

20. FILED **LL 21 13 31** **Wm O Stawney** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 19th 1931**

22. I HEREBY CERTIFY That I attended deceased from **July 18th 1931** to **July 19th 1931**. I first saw him alive on **July 19th 1931**. Death is said to have occurred on the date stated above, **3³⁰** m.

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

93C
Chronic Myocarditis
15217
15313
Pyogenic Abscess + Ulcers of Face + Scalp from infection cause unknown

Other contributory causes of importance: **Pyogenic Abscess + Ulcers of Face + Scalp from infection cause unknown**

Name of operation..... Date of.....
What test confirmed diagnosis? **clinical** 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 **Raymond Brooks**, M. D.
(Signed) **City Hospital**
(Address)

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.

A. J. [unclear]