

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

29620

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 79
Township Primary Registration District No. 100
City St. Louis Mo. No. City Hospital #2

File No.
Registered No. 8648
St. Ward)

2. FULL NAME

(a) Residence, No. 425 So. Harrison St., 16 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 6 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 Cole 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) 10-27-1900

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
30 9 8

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. Printer
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) Oklahoma

13. NAME Jesse Phimmer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

15. MAIDEN NAME unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Oklahoma

17. INFORMANT A. W. ... (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Father's ... DATE Aug 11 1931

19. UNDERTAKER St. Louis ... (ADDRESS) 2719 Chestnut St

20. FILED AUG 10 1931 Miss ... Registrar

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-1931

22. I HEREBY CERTIFY, That I attended deceased from 6-7-1931 to 8-5-1931

I last saw him alive on 8-5-1931. Death is said to have occurred on the date stated above, at 8:15 m.

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

23A
Pulmonary Tuberculosis Date of onset 6 mos

Other contributory causes of importance: 23

Name of operation Unk Date of ...

What test confirmed diagnosis? ... 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 C. M. Smith (Signed) City Hospital #2, M. D.

(Address) City Hospital #2

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.

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