

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

Do not use this space.

36246

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City Saint Louis (No. City, Hospital

File No.....
Registered No. 10778
St..... Ward.....

2. FULL NAME

(a) Residence, No. 1947 St. Market 26 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 23rd, 1931

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

22. I HEREBY CERTIFY, That I attended deceased from Oct. 14th, 1931 to Oct. 23rd, 1931

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23-1858

I last saw him alive on Oct. 23rd, 1931 Death is said to have occurred on the date stated above, at 1.40 a.m.

7. AGE YEARS 73 MONTHS 8 DAYS _____ If LESS than 1 day, _____ hrs. or _____ min.

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Latex mill work

Chronic Edema

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

11/24/31

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

Other contributory causes of importance:
Cirrhosis of liver

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

Name of operation _____ Date of _____

13. NAME Francis Payne

What test confirmed diagnosis Autopsy Was there an autopsy? Y

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

15. MAIDEN NAME Celene Myrtle

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

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive Cem DATE 10-24-31

19. UNDERTAKER Therese Gause (ADDRESS) 4228 N. Olive St. St. Louis

20. FILED OCT 24 1931 Max B. Starkoff Registrar

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) James J. Harrison M. D. (Address) City Hospital

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

Open