

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

Do not use this space.

42972

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St Louis Mo (No.) St. Ward

File No.
Registered No. 24
St. Ward

2. FULL NAME

(a) Residence, No. 2308 Chestnut St., 21 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

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

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>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| <u>Unknown</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>abt 47</u> | | |
| 7. AGE YEARS | MONTHS | DAYS |
| <u>abt 47</u> | <u>—</u> | <u>—</u> |
| If LESS than 1 day, hrs. or min. | | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Billman</u> | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Porter</u> | |
| | 10. Date deceased last worked at this occupation (month and year) <u>June 1932</u> | |
| 11. Total time (years) spent in this occupation <u>abt 15 yrs</u> | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Brookville Mississippi</u> | | |
| MOTHER FATHER | 13. NAME <u>Peter Tate</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u> | |
| | 15. MAIDEN NAME <u>Susie Pittman</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mississippi</u> | |
| 17. INFORMANT <u>Ella Webster</u> (ADDRESS) <u>2308 Chestnut St</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Greenwood Cem</u> DATE <u>1/3 1932</u> | | |
| 19. UNDERTAKER <u>Peoples Ind Co</u> (ADDRESS) <u>3100 Grandview St</u> | | |
| 20. FILED <u>JAN - 2 1932</u> <u>W. H. Groenewegen</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30/1931

22. I HEREBY CERTIFY, That I attended deceased from 7-12-30, 19....., to 12-30-31, 19.....
I last saw him alive on 12-29-31, 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:
Polyarthriti's deformans
about 7-1-29

Other contributory causes of importance:
JA

Name of operation no Date of
What test confirmed diagnosis? examnation Where 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? no
If so, specify: W. H. Groenewegen, M. D.
(Signed) W. H. Groenewegen
(Address) 1506 St Louis Ave

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.

