

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

Do not use this space.

2689

File No. _____
Registered No. **384**
St. _____ Ward)

1. PLACE OF DEATH

County..... Registration District No. **187**

Township..... Primary Registration District No. **187**

City **St. Louis Mo.** **St. Louis Children's Hospital**

2. FULL NAME

(a) Residence No. **5742** **Tennedy** St., **6** 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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Child**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov. 1, 1931**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
2 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work.....
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) **St. Louis Mo.**
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER **James Green**
11. BIRTHPLACE OF FATHER (CITY OR TOWN) **New York City**
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER **Mirtle Cazadd**
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Missouri**
(STATE OR COUNTRY)

14. INFORMANT **Therese Staff**
(Address) **500 So Kingshighway**

15. FILED **12 1932**
W. C. Vandert
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **1-12-1932**

17. I HEREBY CERTIFY, That I attended deceased from **Jan 10**, 19**32**, to **Jan 12**, 19**32**, that I last saw him alive on **Jan 12**, 19**32**, and that death occurred, on the date stated above, at **St. Louis** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchopneumonia acute
Secondary non-tuberculous.
9 1/2 (duration) yrs. mos. **3** ds.

CONTRIBUTORY (SECONDARY) **Whooping cough**
(duration) yrs. mos. **?** ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH. **at home**

DID AN OPERATION PRECEDE DEATH? **No.** DATE OF **(D)**

WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS
(Signed) **Lawrence Goldman, M. D.**
1/12 1932 (Address) **St. L Children Hosp.**

*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 **Valhalla Cemetery** DATE OF BURIAL **1-13 1932**

20. UNDERTAKER **Geo. L. Pleitich Inc** ADDRESS **5966 Easton**

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.

