

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

Do not use this space.

6047

1. PLACE OF DEATH

96 County St. Louis
Township Carondelet
City — (No. U.S. v. B. Hosp.)

Registration District No. 1123
Primary Registration District No. 6248B

File No. —
Registered No. 54
St. — Ward —

2. FULL NAME

(a) Residence. No. Charles W. Say St. — Ward. —

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred — yrs. 3 mos. 10 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) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 14th 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
54 3 29

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Proof Reader 260
(b) General nature of industry, business, or establishment in which employed (or employer) news Paper
(c) Name of employer Daily Journal

9. BIRTHPLACE (CITY OR TOWN) Washington (STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER Benjamin Say

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo.

12. MAIDEN NAME OF MOTHER Margaret Rider

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown Mo.

14. INFORMANT Mrs. E. B. Jones, daughter (Address) 514 N. 13th St. - East St. Louis, Mo.

15. FILED Feb. 22 1932 L. C. Obrock M. D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) February 12 1932

17. I HEREBY CERTIFY, That I attended deceased from February 6, 1932, 19 —, to February 12, 19 32 that I last saw h. im. alive on February 12, 19 32 and that death occurred, on the date stated above, at 12:32 A.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
550 5510
930 5510 (duration) yrs. mos. ds.

CONTRIBUTORY Cerebral Neoplasm (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ①

9 DID AN OPERATION PRECEDE DEATH? — DATE OF —

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings & clinical manifestations

(Signed) W. E. P. Say M. D. Jefferson Barracks, Mo.

*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 Balluwood East St. Louis 2d DATE OF BURIAL Feb. 14 1932

20. UNDERTAKER H. W. Niederfeld ADDRESS East St. Louis 2d

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.

MAR 25 1932

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