

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

Do not use this space.

6398

1. PLACE OF DEATH

County

Registration District No. **701**

Township

Primary Registration District No. **1013**

City **St. Louis Mo** (No. **City Hospital 2**)

File No.

Registered No. **1434**

2. FULL NAME

(a) Residence, No. **2924 Lucas** St. **21** Ward.

(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 Female	4. COLOR OR RACE Col	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown		
7. AGE	YEARS	MONTHS
44	5-8	-
8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc.		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
St. Louis Mo 1		work 235
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
13. NAME unknown		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown 31		
15. MAIDEN NAME unknown		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown		
17. INFORMANT A. S. Blal		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE Washington DATE 2/14 19 32		
19. UNDERTAKER A. S. Blal		
20. FILED B 14 1932 19 W. B. Barker Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-9**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **2-3-**, 19**32** to **2-9-**, 19**32**

I last saw him alive on **2-9-**, 19**32** Death is said to have occurred on the date stated above, at **90** m.

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

122A

Unilateral Destruction of day

Other contributory causes of importance: **1920**

Incarcerated 13 day

Name of operation **capitotomy** Date of **2/6/32**

What test confirmed diagnosis? **Chemical** 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 **(D)**

Nature of injury

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

If so, specify **W. B. Barker** M. D.

(Signed) **W. B. Barker** (Address) **City Hospital**

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.

