

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

Do not use this space.

6549

1. PLACE OF DEATH

County..... Registration District No. 731
Township..... Primary Registration District No. 103103
City St. Louis (No. City Hospital)

File No.
Registered No. 1620
St. Ward

2. FULL NAME

(a) Residence, No. John Hope St. 25 Ward.

(Usual place of abode) 204 N. 14th

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 7 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 21 1864

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|--|
| | <u>67</u> | <u>2</u> | <u>15</u> | |

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mass. 2

13. NAME John Hope

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland 8

15. MAIDEN NAME Julia Gleason

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis U. DATE 2-10 1932

19. UNDERTAKER (ADDRESS) Walter Richter 2500 Rutledge St

20. FILED FEB 18 1932 Max C. Stanley Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5th 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1st 1932 to Feb. 5th 1932

I last saw him alive on Feb. 5th 1932 Death is said to have occurred on the date stated above, at 8:15 P.M.

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

Chronic myelogenous leukemia
T2A leukemia

Other contributory causes of importance: None

Name of operation None Date of
What test confirmed diagnosis? Clinical 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
Nature of injury ①

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

If so, specify

(Signed) City Hospital, M. D.
(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.

H ope.