

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

Do not use this space.

6664

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 5002
 City St. Louis (No. City Hospital)

File No.
 Registered No. 1739
 St. Ward)

2. FULL NAME

(a) Residence, No. 1127 1/2 Grand St. Ward. 11
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept. 28-1875</u>		
7. AGE	YEARS	MONTHS
	<u>56</u>	<u>4</u>
		DAYS
		<u>25</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
<u>factory</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
<u>58</u>		
10. Date deceased last worked at this occupation (month and year)		

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New York</u>
	13. NAME <u>Charles Smith</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>
	15. MAIDEN NAME <u>Lottie Watson</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>N. Y.</u>
	17. IMPORTANT INFORMATION (ADDRESS) <u>City Hospital</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Matthews Cem</u> DATE <u>Feb 23</u> 19 <u>32</u>
19. UNDERTAKER <u>Callaway Bros</u> (ADDRESS) <u>1710 1/2 Grand St.</u>	
20. FILED <u>Feb 23 1932</u> <u>Wm C. Hall</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 22nd 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 11th 1932 to Feb. 22nd 1932
 Last saw him alive on Feb. 22nd 1932 Death is said to have occurred on the date stated above, at 7:30am
 The principal cause of death and related causes of importance were as follows:
Obstruction of aorta ab
with rupture into
pericardium

Other contributory causes of importance:
96 (1)

Name of operation None Date of None
 What test confirmed diagnosis Microscopic Was there an autopsy Yes

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?
 If so, specify
 (Signed) Wm C. Hall M. D.
 (Address) City Hospital

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.

