

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

Do not use this space.

6774

**1. PLACE OF DEATH**

County..... Registration District No.....  
Township..... Primary Registration District No.....  
City *St. Louis* (No. *City, Hosp. #1*)

File No.....  
Registered No. *1852*  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. *4242 W. St. Ferdinand* St. .... Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *13* yrs. mos. ds. *11* How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *male* 4. COLOR OR RACE *colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *single*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan. 1-1910*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
*22 1 24*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *mechanic*  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *unknown 63*  
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) *Little Rock Arkansas 2*

13. NAME *unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *unknown 31*

15. MAIDEN NAME *Ritha Ball*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Little Rock Arkansas 2*

17. HOSPITAL INFORMATION (ADDRESS) *Hospital information City Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *Feb 28 1932*

19. UNDERTAKER (ADDRESS) *C. Yessing 440 10*

20. FILED *EEG 23 1932*

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb. 25th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 18th 1932 to Feb. 25th 1932*  
I last saw him alive on *Feb. 25th 1932* Death is said to have occurred on the date stated above, at *12:35 a m*  
The principal cause of death and related causes of importance were as follows:  
*84*

*Sementia Praecox  
Manic Phase*  
Other contributory causes of importance:  
*Heart + muscular exhaustion  
Dehydration + emaciation*

Name of operation..... Date of.....  
When last confirmed diagnosis? *clin* 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.....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify.....  
(Signed) *J. Reichman*, M. D.  
(Address) *City Hosp.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

