

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

Do not use this space.

9957

1. PLACE OF DEATH

96
2
7
County St. Louis Registration District No. 790 File No.
Township Central Primary Registration District No. 1033 Registered No.
City Clayton (No. St. Louis County Hosp St. Ward)

2. FULL NAME

(a) Residence, No. 1225 Delaware 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. mos. 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2-1868
7. AGE YEARS 63 MONTHS 11 DAYS 14 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman Adv
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 172
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Paul Lawrence (ADDRESS) 1225 Delaware

18. BURIAL, CREMATION, OR REMOVAL PLACE Bohannon DATE 3/19 19 31

19. UNDERTAKER Shoemaker & Carroll (ADDRESS) 2600 North Broadway

20. FILED Mar 17 19 32 M. W. S. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16 1932
22. I HEREBY CERTIFY, That I attended deceased from 3-14 1932 to 3-16 1932
I last saw him alive on 3-16 1932. Death is said to have occurred on the date stated above, at 5:35 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage Date of onset 2-14-32
uremia
82-H
1078
1090
Other contributory causes of importance: Broncho-Pneumonia 3-13-32

Name of operation none Date of
What test confirmed diagnosis? Clay 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 ①
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) John A. Rogers, M. D.
(Address) St. Louis Co Hosp.
Clayton, Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

APR 29 1932

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 10 1932 RESERVED FOR BIRTH

