

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

Do not use this space.

10063

File No. _____
Registered No. **2041**
St. _____ Ward)

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1003**
City **St. Louis** (No. **3611 S. Jefferson Av.**)

2. FULL NAME

(a) Residence No. **3611 S. Jefferson St. Av. 24** Ward. _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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 Ida Dent		
6. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27-1868		
7. AGE	YEARS 67	MONTHS 1
	DAYS 3	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Signal Helper	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Mo. Pacific R.R.	
	10. Date deceased last worked at this occupation (month and year) Feb-1932	11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri		
FATHER	13. NAME Lee Dent	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
MOTHER	15. MAIDEN NAME Sybilie Malone	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri	
17. INFORMANT (ADDRESS) Mr. Ida Dent, 3611 S. Jefferson Av.		
18. BURIAL, CREMATION, OR REMOVAL PLACE San Sep. Burial DATE March 3 1932		
19. UNDERTAKER (ADDRESS) E. J. Schmur 9125 Lafayette Ave.		
20. FILED MAR - 2 1932		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 1 1932**

22. I HEREBY CERTIFY, That I attended deceased from
Dec 20 1930 to **March 1 1932**
I last saw him alive on **March 1 1932** Death is said
to have occurred on the date stated above, at **1210 A. m.**
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Date of onset **Feb 20 1932**

Other contributory causes of importance:
Bronchial Pneumonia

Name of operation **D** Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) **Dr. J. Smith**, M. D.
(Address) **3611 S. Jefferson**

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.

Registrar

