

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.

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

Do not use this space.

10065

1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City St. Louis (No. 4374, See Ave)

File No.....  
Registered No. **2044**  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 4374 See Ave St. 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Sally White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 18-1854</u>		
7. AGE	YEARS <u>79</u>	MONTHS <u>3</u>
	DAYS <u>12</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) <u>1923</u>	
	11. Total time (years) spent in this occupation <u>Life</u>	

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Feb. 1<sup>st</sup>, 1932, to March 1<sup>st</sup>, 1932.  
I last saw him alive on March 1<sup>st</sup>, 1932 Death is said to have occurred on the date stated above, at 6:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Bronchitis pneumonia  
9310  
Other contributory causes of importance:  
No condition  
Chronic cystitis sup  
Prostatitis  
Name of operation none Date of.....  
What test confirmed diagnosis?..... Was there an autopsy? Not

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO</u>
	13. NAME <u>Louis White</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Canada</u>
	15. MAIDEN NAME <u>Unknown</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>
	17. INFORMANT <u>Sally White</u>
	(ADDRESS) <u>4374 See Ave</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Bloomfield Mo</u> DATE <u>3/4 1932</u>
MOTHER	19. UNDERTAKER <u>Ray Holt</u>
	(ADDRESS) <u>New Bloomfield Mo</u>
20. FILED <u>R-2-1932</u> 19 <u>32</u> <u>Ray E. Standley</u> Registrar	

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) Ray E. Standley M. D.  
(Address) 3571 Duran Ave

