

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

Do not use this space.

10384

**1. PLACE OF DEATH**

County..... Registration District No. 78  
Township..... Primary Registration District No. 600  
City St. Louis (No. 810 2<sup>d</sup>, Cardinal St., ..... Ward) Registered No. 2427

**2. FULL NAME**

(a) Residence, No. 810 N. Cardinal St., 21 Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 35 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>Colored</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>Bertha Cash</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE <u>abt. 49</u>	YEARS	MONTHS
		DAYS
		IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Janitor 236</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>8</u>
12. BIRTHPLACE (CITY OR TOWN)..... <u>Durham</u> (STATE OR COUNTRY)..... <u>N.C.</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN)..... <u>Unknown</u> (STATE OR COUNTRY).....	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... <u>Unknown</u> (STATE OR COUNTRY).....	
17. INFORMANT <u>Bertha Cash</u> (ADDRESS) <u>810 N. Cardinal ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Disson</u> DATE <u>3/15/1932</u>		
19. UNDERTAKER <u>Shad Perkins</u> (ADDRESS) <u>3307</u>		
20. FILED <u>May 21 1932</u> <u>Max Estlander</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 12 .1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 4 1932 to March 12 1932. I last saw h. alive on March 7 19..... Death is said to have occurred on the date stated above, at 5:45 a.m.  
The principal cause of death and related causes of importance were as follows:  
Pul Tuberculosis T. 4  
Other contributory causes of importance:  
2 B

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical 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? 2nd  
If so, specify Uncler J Mueller (Signed)....., M. D.  
(Address) 2335 Franklin

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.

