

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

Do not use this space.

10519

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10:3
City St. Louis Mo. (No. 500 St. Stephens Ch. Hosp.) Ward 24

File No.
Registered No. 2583

2. FULL NAME

(a) Residence, No. Robertson Camp St. Ward 24 3rd Missouri
(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) Child
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Child

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 1932
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 8

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. Child 114
10. Date deceased last worked at this occupation (month and year) 11/13/32 11. Total time (years) spent in this occupation 15

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

FATHER 13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME Catherine Wilson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ills

17. INFORMANT (ADDRESS) J. McQueen

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) Released to Washington University Dept of Pathology for Anatomical Study

19. UNDERTAKER (ADDRESS) Assigned as Specimen to Washington Univ. Med. School 1134 12-32

20. FILED MAY 18 1933 Registrar E. Starbuck

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21 1932

22. I HEREBY CERTIFY, That I attended deceased from 3/21 1932 to 3/21 1932
I last saw him alive on 3/12 1932 Death is said to have occurred on the date stated above, at 4:30 P.M.
The principal cause of death and related causes of importance were as follows:

Abscess of the lung, Multiple non-tuberculous (aspiration) cause of Lung Abscess unknown
Date of onset 3/1/32

Other contributory causes of importance: Hard lip and cleft palate 1 3/4/32

Name of operation Plastic repair of lip Date of 3/21/32
What test confirmed diagnosis? Allogenic Was there an autopsy? Yes

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 _____

Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. R. Adams, M. D.
(Address) Dr. S. Kingshighorn

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.

