

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

Do not use this space.

10614

File No. _____
Registered No. **2681**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **133**
City **St Louis** (No. **City Hospital # 2**)

2. FULL NAME

Clarence Black
(a) Residence. No. **2602 Stoddard** St. **21** 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 **Colored** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Single**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 11 1927**

7. AGE YEARS MONTHS DAYS If LESS than day, hrs. or min.
4 5 5

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. **Child**
(b) General nature of industry, business, or establishment in which employed (or employer). **181**
(c) Name of employer. **181**

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

10. NAME OF FATHER **George Black**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Ala**
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Emiline Dixon**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Tenness**
(STATE OR COUNTRY)

14. INFORMANT **George Black**
(Address) **2602 Stoddard St**

15. FILED **1937** **W. C. Starkey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **March 16 1937**
17. **No Physicians in attendance**
I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____,

that I last saw h_____ alive on _____, 19____, and that death occurred, on the date stated above, at **705 A** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Head Burns 1-2nd degree received when falling into tub of hot water as result of accident
_____ yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED **181 CA**
IF NOT AT PLACE OF DEATH _____ (duration) yrs. mos. ds. **15**

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) **J. W. Finner** M.D.

3/17 1937 (Address) **Sept Corn**

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **Greenwood** DATE OF BURIAL **Mar 21 1937**

20. UNDERTAKER **J. W. Hughes** ADDRESS **2620 Lawton**

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.

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

