

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

Do not use this space.

10731

1. PLACE OF DEATH

County..... Registration District No.....
 Township..... Primary Registration District No.....
 City St. Louis Mo (No. City Hospital #2)..... St. (Ward)

File No.....
 Registered No. 2803
 St. (Ward)

2. FULL NAME

(a) Residence, No. 405 So. Thibault St., 18 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 54 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>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (<u>wife</u> the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-5-1870</u>		
7. AGE	YEARS	MONTHS
	<u>61</u>	<u>9</u>
		DAYS
		<u>15</u>
		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.	
	10. Date deceased last worked at this occupation (month and year)	
	11. Total time (years) spent in this occupation	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u> <u>1</u>		
FATHER	13. NAME <u>Brown Fletcher</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala</u> <u>2</u>	
MOTHER	15. MAIDEN NAME <u>Emily Powell</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>W Va</u> <u>1</u>	
17. INFORMANT (<u>Gertrude Cleave</u>) (ADDRESS) <u>City Hospital #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Home</u> DATE <u>3/24</u> 19 <u>39</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Russell</u>		
20. FILED <u>MAR 25 1939</u> Registrar <u>W. B. Russell</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-20, 1932

22. I HEREBY CERTIFY, That I attended deceased from 3-16, 1932, to 3-20, 1932

I last saw him alive on 3-20, 1932 Death is said

to have occurred on the date stated above, at 11:29 m.

The principal cause of death and related causes of importance were as follows:

930 1
Chronic myocarditis

Other contributory causes of importance:

Name of operation 930 Date of 20
 What test confirmed diagnosis? Undertaken Was there an autopsy? no

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) W. B. Russell, M. D.
 (Address) CITY HOSP. No. 2

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.

