

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

Do not use this space.

14493

**1. PLACE OF DEATH**

County ..... Registration District No. 791  
 Township ..... Primary Registration District No. 1003  
 City St. Louis Mo. (No. City Infirmary) St. .... Ward .....

File No. ....  
 Registered No. 3859  
 St. .... Ward .....

**2. FULL NAME**

(a) Residence, No. 5800 Arsenal St., 13 Ward. ....  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Separated  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Unknown  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16 - 1856  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
76 1 3

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. Elevator operator  
 10. Date deceased last worked at this occupation (month and year) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Mo. (STATE OR COUNTRY) 1

MOTHER 13. NAME Frank Clayton  
 14. BIRTHPLACE (CITY OR TOWN) Illinois (STATE OR COUNTRY) 2

15. MAIDEN NAME Alma Budger

16. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)

17. INFORMANT Mrs. Clayton (ADDRESS) City Infirmary

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE 4-20-32

19. UNDERTAKER D.R. Lepton & Sons (ADDRESS) # 4440 Olive St.

20. FILED APR 20 1932 May C. Foster Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19 1932  
 22. I HEREBY CERTIFY, That I attended deceased from April 7, 1932, to April 19, 1932.  
 I last saw him alive on April 14, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chor. Myocarditis  
930 9:50  
 Other contributory causes of importance:  
16 Heartly  
 Date of onset

Name of operation 1 Date of .....  
 What test confirmed diagnosis? ..... 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? .....  
 If so, specify Melvin H. Jess, M. D.  
 (Signed) City Infirmary  
 (Address)

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.

