

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

Do not use this space.

14735

**1. PLACE OF DEATH**

County..... Registration District No. 79th  
Township..... Primary Registration District No. 5th  
City St. Louis Mo City Hospital #2 (No. 2)

File No.....  
Registered No. 4133  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 127 Cardinal St. 25 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-1-1898

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>34</u>	<u>3</u>	<u>24</u>	

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. waiter 247  
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) Gene

13. NAME Levy McCarley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gene

15. MAIDEN NAME Mary Foster

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

17. INFORMANT Bertine Creath  
(ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Burial DATE Mar 29 1932

19. UNDERTAKER G. A. Green  
(ADDRESS) 2915 Franklin Ave.

20. FILED 20 1932 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-25-1932

22. I HEREBY CERTIFY. That I attended deceased from 4-16, 1932 to 4-25, 1932  
I last saw him alive on 4-25, 1932 Death is said

to have occurred on the date stated above, at 20 m.  
The principal cause of death and related causes of importance were as follows:

93C  
Chronic myocarditis

Other contributory causes of importance:  
(1) (2) (3)

Name of operation..... Date of.....  
What test confirmed diagnosis? Autopsy 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.....

(Signed) C. M. Smith, M. D.  
(Address) CITY HOSP. NO. 2.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

