

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

Do not use this space.

18118

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City *St. Louis Mo* (No. *City Hospital - 2*)

File No.

Registered No. 5094

St. Ward)

2. FULL NAME

(a) Residence, No. *2628 Lawton* 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 *11* 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)

Single

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

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

6-23-1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

31

4

-

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

Chauffeur

101

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

Miss

13. NAME

Alfred Patton

8

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

Miss

15. MAIDEN NAME

Evelyn Finley

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

Miss

17. INFORMANT (ADDRESS)

By Dr. Stroud, Death City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis

DATE

5-26

1932

19. UNDERTAKER (ADDRESS)

Walter Richter 3500 Raintree St

20. FILED

MAY 26 1932

Walter C. Richter

Registrar

MEDICAL CERTIFICATE OF DEATH

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

5-23-1932

22. I HEREBY CERTIFY, That I attended deceased from *3-12*, 19*32*, to *5-23*, 19*32*

I last saw him alive on *5-23-32*, 19*32* Death is said

to have occurred on the date stated above, at *500* m.

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

23 A

Date of onset

Other contributory causes of importance:

Name of operation

thoracotomy

Date of

What test confirmed diagnosis? *thoracotomy* 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)

Chas. E. 108

M. D.

(Address)

CITY HOSPITAL #2

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.

