

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

Do not use this space.

18306

File No. _____
Registered No. **5428**
St. _____ Ward _____

1. PLACE OF DEATH

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

2. FULL NAME

(a) Residence, No. *2240 Clark* St., *22* 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 <i>Female</i>	4. COLOR OR RACE <i>Col</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Charlie Majors</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>7-18-1895</i>		
7. AGE	YEARS <i>36</i>	MONTHS <i>10</i>
	DAYS <i>13</i>	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. <i>Maid 244</i>	
	10. Date deceased last worked at this occupation (month and year) <i>unknown</i>	11. Total time (years) spent in this occupation <i>unknown</i>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Illinois</i>		
FATHER	13. NAME <i>Nancy Gimston</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>	
MOTHER	15. MAIDEN NAME <i>Josie Rose</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Tenn</i>	
17. INFORMANT <i>A Gertrude Creath</i> (ADDRESS) <i>City Hospital</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Union 14</i> DATE <i>6-7-1932</i>		
19. UNDERTAKER (ADDRESS) <i>James Funeral Home, 2274 Standard Ave.</i>		
20. FILED <i>IN</i> <i>7-15-1932</i> <i>Wm C. Stanley</i> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5-31-1932*

22. I HEREBY CERTIFY, That I attended deceased from *5-26-1932* to *5-31-1932*
I last saw him alive on *5-31-1932*. Death is said to have occurred on the date stated above, at *3:00* m.
The principal cause of death and related causes of importance were as follows:
108
Lobar Pneumonia
Other contributory causes of importance: *108 D*

Name of operation _____ Date of _____
What test confirmed diagnosis *the lab* 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) *C. S. Smith*, 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.

Handwritten text, possibly a signature or date, located in the upper right corner of the page.