

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

Do not use this space.

20984

791  
1003

**1. PLACE OF DEATH**

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

File No. ....  
Registered No. **5484**  
St. .... Ward

**2. FULL NAME**

(a) Residence, No. *1422 W. Wash St.*, *25* Ward. (If nonresident, give city or town and State)  
(Usual place of abode)  
Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</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>Katie Washington</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>3-1-1879</i>				
7. AGE	YEARS <i>53</i>	MONTHS <i>3</i>	DAYS <i>4</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>laborer</i>			
	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) <i>Miss</i>				
MOTHER / FATHER	13. NAME <i>Milton Washington</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>			
	15. MAIDEN NAME <i>unknown</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>unknown</i>			
17. INFORMANT <i>A. Bertzke</i> (ADDRESS) <i>City Hospital #2</i>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Greenwood</i> DATE <i>6-9</i>				
19. UNDERTAKER <i>Stoddard P. Walter</i> (ADDRESS) <i>2701 Stoddard St</i>				
20. FILED <i>JUN - 9 1932</i> <i>Wm. C. Starker</i> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-5-1932*

22. I HEREBY CERTIFY, That I attended deceased from *6-2-1932*, to *6-5-1932*  
I last saw him alive on *6-5-32*, 19 *32* Death is said to have occurred on the date stated above, at *2:30* m.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

*Chronic Nephritis*  
*Chronic myocarditis*  
*Arteriosclerosis*

Name of operation ..... Date of .....  
What test confirmed diagnosis? *the lab* 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) *Am 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.

MADE IN U.S.A. RESERVE FOR BILLING

V.C. NO. 2

