

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

Do not use this space.

21434

1. PLACE OF DEATH

County Registration District No. **701**
Township Primary Registration District No. **1008**
City **St. Louis** (No. **City Hospital**)
1844

File No.
Registered No. **5998**
St. Ward)

2. FULL NAME

(a) Residence, No. **2819** **Wenrich** St. Ward. **23**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **Life** 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 **white** 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) **May 1 - 1932**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
1 25

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **mail 1578**

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **1228**

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

12. BIRTHPLACE (CITY OR TOWN) **St. Louis** (STATE OR COUNTRY) **Missouri**

13. NAME **Clay Reed**

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

15. MAIDEN NAME **May Ritter**

16. BIRTHPLACE (CITY OR TOWN) **Columbus** (STATE OR COUNTRY) **Kentucky**

17. INFORMANT (ADDRESS) **Hospital information City Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St. Matthew** DATE **6/27/32**

19. UNDERTAKER **Allen W. McFarland** (ADDRESS) **1631**

20. FILED **6/27/32** **Clay** Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 26, 1932**

22. I HEREBY CERTIFY That I attended deceased from **May 1st**, 19**32**, to **June 26, 1932**
I last saw him alive on **June 26, 1932** Death is said to have occurred on the date stated above, at **3:20 P.M.**

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

Intestinal Obstruction
15710

Other contributory causes of importance: **Congenital stricture of rectum imperforate anus**

Name of operation: **Imperforate anus** Date of **May 2, 1932**

What test confirmed diagnosis? **Autopsy** Was there an autopsy? **Yes**

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) **Jane Sherman** M. D.
(Address) **City Hospital**

WRITE FULLY, 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.

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