

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

Do not use this space.

21474

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 2003
City St. Louis Mo (No. City Hospital #2)

File No.
Registered No. 6041
St. Ward)

2. FULL NAME

(a) Residence, No. 5135 N 2nd St., 9 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 52 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Rosa Harrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk 1879</u>		
7. AGE YEARS <u>abt. 52</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>178</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Junk man</u>		
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) <u>St. Louis Mo</u>		
13. NAME <u>Charles Harrison</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>		
15. MAIDEN NAME <u>Anna Johnson</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>		
17. INFORMANT <u>Vertude Creath</u> (ADDRESS) <u>City Hospital #2</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wasington Pl</u> DATE <u>June 29 1934</u>		
19. UNDERTAKER <u>Charles J. Gatto</u> (ADDRESS) <u>4107 Linway Avenue</u>		
20. FILED <u>LN 28 1934</u> Registrar		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-24 1934

22. I HEREBY CERTIFY, That I attended deceased from 6-24 - 1934 to 6-24 1934
I last saw him alive on 6-24 1934 Death is said to have occurred on the date stated above, at 2:45 p.m.
The principal cause of death and related causes of importance were as follows:
930
123A
Chronic myocarditis
Pyelitis
Other contributory causes of importance:
930
Pyelitis

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) Chas 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.

NO COPY RESERVED FOR BINDING

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