

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 10003
City St. Louis Mo. (No. City Hospital #2) St. Ward)

File No.
Registered No. 21501
St. Ward) 6068

2. FULL NAME

(a) Residence, No. 1313a N. 11th St. 25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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>Carrie Cross</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>abt 58</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. <u>Building</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laborer</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	
11. Total time (years) spent in this occupation <u>Unknown</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala</u>		
MOTHER FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT (ADDRESS) <u>A Blanche Creath - City Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park Bur</u> DATE <u>6/30/1938</u>		
19. UNDERTAKER (ADDRESS) <u>Peoples Indt Co. 3100 Franklin St.</u>		
20. FILED <u>29</u> 19 <u>38</u> <u>City Hospital</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-22, 1938 to 6-27, 1938

I last saw him alive on 6-27, 1938 Death is said to have occurred on the date stated above, at 10a m.

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

32A Date of onset 6
Cerebral Hemorrhage
Other contributory causes of importance: Stroke

Name of operation..... Date of.....
What test confirmed diagnosis? Ch. 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. Smith, M. D.
(Address) CITY HOSP. No. 2

WRITE PLAINLY, WITH UNFRA... IN RES...
very item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

