

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.

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

Do not use this space.

24893

**1. PLACE OF DEATH**

County..... Registration District No. 1907  
Township..... Primary Registration District No. 2112  
City St. Louis Mo (No. City Hospital #2)

File No. 7064  
Registered No. 7064  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 533 So 23rd St. Ward. M

(Usual place of abode)

(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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-15-1917</u>		
7. AGE	YEARS	MONTHS
	<u>15</u>	<u>6</u>
		8. DAYS
		<u>8</u>
		If LESS than 1 day, ..... hrs. or ..... min.

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. school boy

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 Mo (STATE OR COUNTRY) 1

MOTHER FATHER 13. NAME Harry Gordon

14. BIRTHPLACE (CITY OR TOWN) Illino (STATE OR COUNTRY) 2

MOTHER 15. MAIDEN NAME Florida Thum

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 1

17. INFORMANT R. E. Strande Death #2 (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE July 30 1932

19. UNDERTAKER Dope & English (ADDRESS) 2931 Euclid Ave

20. FILED 30 1932 Registrar. Max C. Baker

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 7-18 1932 to 7-23 1932. I last saw him alive on 7-23 1932. Death is said to have occurred on the date stated above, at 2:25 a.m.

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

121B Date of onset

acute appendicitis

Other contributory causes of importance: 1 2 1

Name of operation Appendectomy Date of 7-18-32  
What test confirmed diagnosis?..... 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 R. S. Johnson (Signed) City Hospital #2, M. D.  
(Address)

