

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

Do not use this space.

24972

1. PLACE OF DEATH

County..... Registration District No. 1791
Township..... Primary Registration District No.
City St. Louis (No. City Hospital # 2)

File No.
Registered No. 7192
St. Ward)

2. FULL NAME

(a) Residence, No. 2008 Hazel St. 21 Ward.
(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Ad. 29 108

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
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) Missouri

FATHER 13. NAME unk.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk. 31

MOTHER 15. MAIDEN NAME unk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unk.

17. INFORMANT F. J. Evans (ADDRESS) Deputy Coroner

18. BURIAL, CREMATION, OR REMOVAL PLACE Patterson DATE Aug 5 1932

19. UNDERTAKER Piggitt Taylor (ADDRESS) 3129 Cass

20. FILED UG-4 1932 May 18 1932 Registrar. (Address) St. Louis

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from No. Physician in attendance, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 7:30 m.

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

Other contributory causes of importance:
108 (7) (5)

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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..... No Injury
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify..... (Signed) F. J. Evans, 19.....
(Address) St. Louis

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.

