

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

Do not use this space.

✓ 27997

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1001
 City St. Louis Mo (No. St. Louis Maternity Hosp. St. 7880 Ward)

2. FULL NAME

(a) Residence, No. 2813^a Arlington St., 6 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>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>8-17-1932</u>		
7. AGE YEARS	MONTHS	DAYS
		<u>12</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>Infant</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year) Total time (years) spent in this occupation.	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo 1

13. NAME Bray, Cornelius

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boston Mass 2

15. MAIDEN NAME Sullivan Betty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo 1

17. INFORMANT Cornelius Bray
(ADDRESS) 2813^a Arlington Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery 8-30-32

19. UNDERTAKER (ADDRESS) Isaac J. Hoffmeyer
4061 Maple St

20. FILED Aug 29 1932 W. C. Starkley
Registrar

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Aug 17, 1932, to Aug 29, 1932

I last saw h. alive on Aug 29, 1932 Death is said to have occurred on the date stated above, at 11:30 A.M.

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

Syphilis
34
11
19
 Other contributory causes of importance:
Prematurity
(Intrauterine Hemorrhage?)

Name of operation none Date of —
 What test confirmed diagnosis? Wassermann 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) W. C. Starkley, M. D.
 (Address) 630 S. Kingshighway

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.

MARGIN RESERVED FOR PERMANENT RECORD

V. S. No. 2

