

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

Do not use this space.

30285

1. PLACE OF DEATH

96 County St. Louis Registration District No. 796
 2 Township Central Primary Registration District No. 6033
 7 City Clayton (North St. Louis Co. Hosp)

File No. _____
 Registered No. _____
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 1613 Bradford St. _____ 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED —
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/30/32
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
 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) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Clayton (STATE OR COUNTRY) mo

FATHER 13. NAME Bernard Black
 14. BIRTHPLACE (CITY OR TOWN) Salem (STATE OR COUNTRY) mo

MOTHER 15. MAIDEN NAME Hildegard Litinger
 16. BIRTHPLACE (CITY OR TOWN) Clayton (STATE OR COUNTRY) mo

17. INFORMANT Bernard Black (ADDRESS) 1613 Bradford Wellington

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Monica DATE 10/1 1932

19. UNDERTAKER Baumayn Bros (ADDRESS) Oxeland mo

20. FILED Sept 29 1932 R. W. Oullman Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-30 1932
 22. I HEREBY CERTIFY, That I attended deceased from 9-30 1932 to 9-30 1932
 I last saw him alive on 9-30 1932 Death is said to have occurred on the date stated above, at 1:52 p.m.
 The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Promatoly
159
159
 Date of onset _____

8. Name of operation _____ Date of _____
 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 _____
 (Signed) T. Blaker M.D. M. D.
 (Address) St. Louis County Hosp

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.

OCT 29 1932

