

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

0 Do not use this space.

30928

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 1033
City St. Louis Mo. City (No. 14 sep #2)
Registered No. 8644
St. Ward)

2. FULL NAME

(a) Residence, No. no address 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. 3 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>5-2-1909</u>				
7. AGE	YEARS <u>23</u>	MONTHS <u>4</u>	DAYS <u>7</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	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. <u>Laborer</u>			
	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) <u>Ark</u>				
MOTHER	13. NAME <u>John Price</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
	15. MAIDEN NAME <u>Mary Nichols</u>			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>				
17. INFORMANT (ADDRESS) <u>Walter Richter</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis Ill</u> DATE <u>9-12-1932</u>				
19. UNDERTAKER (ADDRESS) <u>Walter Richter</u>				
20. FILED <u>SEP 27 1932</u> <u>Walter Richter</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-9 1932

22. I HEREBY CERTIFY, That I attended deceased from 4-7 1932 to 9-9 1932

I last saw him alive on 9-9 1932. Death is said to have occurred on the date stated above, at 11:45 a.m.

The principal cause of death and related causes of importance were as follows:
23A
Pulmonary Tuberculosis

Other contributory causes of importance:
23 ①

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) Walter Richter M. D.
(Address) City 2 sep #2

