

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

Do not use this space.

31094

File No. _____
Registered No. **9010**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 01
Township _____ Primary Registration District No. 11702
City St. Louis Mo. (No. 1501 S. Kingshighway
St. Louis Childrens Hospital)

2. FULL NAME

(a) Residence, No. 2947 Easton 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. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Colored 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) Dec. 5, 1901

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 25

OCCUPATION

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. ✓
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) (STATE OR COUNTRY) St. Louis Mo.

13. NAME Nathaniel Washington

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) City of St. Louis Mo.

15. MAIDEN NAME Iden Jones

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) City of St. Louis Mo.

17. INFORMANT (ADDRESS) Edith Hoff 500 So. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE 10/11 1932

19. UNDERTAKER (ADDRESS) Ell. Funeral Home 2920 Stoddard St.

20. FILED NOV 10 1932 Wm C. Stackloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept. 22, 1932, to Sept. 30, 1932
I last saw him alive on 9-30, 1932. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

Meningitis (Tuberculous) 9-18-32

24A 24
Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? Lumbar punct. 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 no
(Signed) W. C. Taylor, M. D.
(Address) 300 So. Kingshighway

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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