

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

Do not use this space.

33854

1. PLACE OF DEATH

County Registration District No. **791**
Township Primary Registration District No. **1003**
City **St. Louis Mo** (No. **500 S Kingshighway**)
St. Louis Childs Hospital

File No.
Registered No. **9154**
St. Ward)

2. FULL NAME

(a) Residence, No. **2614 S Grand 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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct 14** . 19**32**

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

22. I HEREBY CERTIFY, That I attended deceased from **Oct 13** 19**32** to **Oct 14** 19**32**

I last saw him alive on **Oct 14** 19**32** Death is said

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Nov 17 1931**

to have occurred on the date stated above, at **2 1/2** p.m.

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

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

10 27

Bronchopneumonia Date of onset **10-12**

Secondary

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.

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 **Ferdinand Casimir**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New Orleans La**

15. MAIDEN NAME **Demona Glenn**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn**

17. INFORMANT **J.D. Weerhoff**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father's Church** DATE **10-16-32** 19

19. UNDERTAKER **W.F. Buddie's** (ADDRESS) **2701 S Grand St**

20. FILED **OCT 16 1932** Registrar

Other contributory causes of importance:

Scurvy

Rickets

Malnutrition

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

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 **A.P. Taylor** (Signed) M. D.

(Address) **500 S Kingshighway**

WHITE PAPER, 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.

