

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

Do not use this space.

34258

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis Mo. (No. City Hospital #2) St. Ward) Registered No. 9618

2. FULL NAME

(a) Residence, No. Wacker Ginsel Bldg. Ward. 25
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 28 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>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>1-23-1894</u>		
7. AGE	YEARS <u>37</u>	MONTHS <u>9</u>
	DAYS <u>1</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>237</u>
	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) La ?

FATHER 13. NAME Joshua Irving

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

17. INFORMANT (ADDRESS) Walter Richter

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 10-27-1932

19. UNDERTAKER (ADDRESS) Walter Richter

20. FILED OCT 31 1932 Walter Richter Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24- 1932

22. I HEREBY CERTIFY, That I attended deceased from 9-23- 1932 to 10-24- 1932

I last saw him alive on 10-24- 1932 Death is said

to have occurred on the date stated above, at 342 m.

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

23A
Pulmonary Tuberculosis
Other contributory causes of importance: D.D. (1)
Name of operation Date of
What test confirmed diagnosis? Ch. Lab. 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. Smith M. D.
(Address) City Hospital #2

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.

