

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

Do not use this space.

37229

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis (No. City Hospital)

File No. _____
Registered No. **9854**
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 5217 So. Broadway Ward. 15
(Usual place of abode)

Length of residence in city or town where death occurred / yrs. 3 mos. 0 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 2 - 1866

7. AGE YEARS 66 MONTHS _____ DAYS 4 If LESS than 1 day, _____ hrs. _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 2313
10. Date deceased last worked at this occupation (month and year) 11/4 11. Total time (years) spent in this occupation 11/4

12. BIRTHPLACE (CITY OR TOWN) Denver (STATE OR COUNTRY) Mo.

FATHER 13. NAME Christ Dawson

14. BIRTHPLACE (CITY OR TOWN) Lexington (STATE OR COUNTRY) Ky.

MOTHER 15. MAIDEN NAME Unknown Squires

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Int. Olive DATE 11-9

19. UNDERTAKER (ADDRESS) Healy & Co

20. FILED CV - 7 1934

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 6th 1932

22. I HEREBY CERTIFY That I attended deceased from Nov. 1st 1932, to Nov. 6th 1932
I last saw him alive on Nov. 6th 1932 Death is said to have occurred on the date stated above, at 7:50 P.M.
The principal cause of death and related causes of importance were as follows:

Pyonephritis
Multiple abscesses of
kidneys cause undetermined
Other contributory causes of importance:
Multiple abscesses of
lungs (not lower lobe) unknown
diabetes mellitus

Name of operation None Date of _____
What test confirmed diagnosis? Clinical 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 1
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) Walter A. Biehn M. D.
(Address) City Hospital #1

Registrar.

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.

Donna