

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

Do not use this space.

37909

1. PLACE OF DEATH

County _____ Registration District No. 701
Township _____ Primary Registration District No. W 132
City St. Louis Mo. (No. City Hospital 2)

File No. _____
Registered No. 10617
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3205 Duclade 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 male 4. COLOR OR RACE col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 10 28

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. 237
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer
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) N. C.

13. NAME Wesley McCloud

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

15. MAIDEN NAME Rosie Blunt

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N. C.

17. INFORMANT (ADDRESS) Beatrice Greath

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 11-28 1932

19. UNDERTAKER (ADDRESS) Walter Richter

20. FILED DEC - 1 1932 19 Max Stanley Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23-1932

22. I HEREBY CERTIFY, That I attended deceased from 11-15, 1932, to 11-23, 1932

I last saw him alive on 11-23-32, 1932 Death is said to have occurred on the date stated above, at 8 m.

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

Chronic myocarditis
131
93c
Other contributory causes of importance: 132B
Chronic nephritis - uremia

23. Name of operation _____ Date of _____
What test confirmed diagnosis ph. sec 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) W. Smith M. D.

(Address) City Hospital 2

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

