

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

Do not use this space.

392
41524

1. PLACE OF DEATH

County St. Louis
Township Cayandele
City Kirk (No.)

Registration District No. 1123
Primary Registration District No. 6248 B

File No.
Registered No. 392 St. Ward)

2. FULL NAME

(a) Residence, No. 2834 Gerald St., 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 <u>Male</u>	4. COLOR OR RACE <u>Caucasian</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. White</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan-25, 1902</u>		
7. AGE YEARS <u>28</u>	MONTHS <u>10</u>	DAYS <u>7</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION

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. Lubner 237

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) Texas

MOTHER FATHER

13. NAME David White

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

MOTHER

15. MAIDEN NAME Maggie Morton

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

17. INFORMANT Mrs. Albert White (ADDRESS) 2834 Gerald St. St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Dec 5 1932

19. UNDERTAKER W. P. Wade and Co. (ADDRESS) 2202 1/2 E. 12th St. St. Louis, Mo.

20. FILED Dec. 2 1932 C. Rhode M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2 1932

22. I HEREBY CERTIFY, That I attended deceased from July 20 1932 to Dec 2 1932
I last saw him alive on Dec 1 1932. Death is said

to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:

.....
.....
Pulmonary Tuberculosis
23A
Other contributory causes of importance: Ⓛ
.....
.....

Date of onset	<u>Feb. 1932</u>
---------------	------------------

23. If death was due to external causes (violence), fill in also the following:
Name of operation

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

(Signed) Stanley R. Benner M. D.
(Address) Kirk, Mo.

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.

76

449 27 1000

