

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

Do not use this space.

42744

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 7000
 City St. Louis, Mo. (No. 6) City Lafayette

File No.....
 Registered No. 597
 St..... Ward.....

2. FULL NAME

Charles West
 (a) Residence, No. Infirmery 5800 Arsenal Ward 13
 (Usual place of abode)
 Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 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) Oct. 18 58

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
Act. 74

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.

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 Charles West

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

15. MAIDEN NAME Viola Pinkston

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

17. INFORMANT M. Effinger
 (ADDRESS) 5800 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U. DATE 1-6-1933

19. UNDERTAKER Walter Richter
 (ADDRESS) 3500 Rutgers St

20. FILED JAN 17 1933 Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 30, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1933 to Dec. 30, 1933

I last saw him alive on Dec. 29, 1933 Death is said to have occurred on the date stated above, at 7:15 A.M.

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

Ch. Myocarditis
93
97
167
130

Other contributory causes of importance:
Arterio-sclerosis
Senility

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 Ch. Schumacher, M. D.
 (Signed) Ch. Schumacher
 (Address) 5600 Arsenal

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.

