

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

Do not use this space.

4194

**1. PLACE OF DEATH**

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

File No. ....  
 Registered No. 1181  
 St. .... Ward)

**2. FULL NAME**

(a) Residence. No. 326 S. Montrose St. 18 Ward.  
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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>Cole</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>Unknown</u>		
7. AGE YEARS <u>abt. 69</u>	MONTHS <u>-</u>	DAYS <u>-</u>
		If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Labourer</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) Isk

MOTHER FATHER 13. NAME Wesley Brown

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

15. MAIDEN NAME Matilda Hughes

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

17. INFORMANT (ADDRESS) A. Strubbe Creath City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Decker DATE 2/12 1933

19. UNDERTAKER (ADDRESS) J. A. Green 2919 Montrose St

20. FILED EFB - 2 1933 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-27- 1933

22. I HEREBY CERTIFY, That I attended deceased from 1-6- 1933 to 1-27- 1933

I last saw him alive on 1-27- 1933 Death is said to have occurred on the date stated above, at 4 a.m.

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

930  
Chronic myocarditis  
 Other contributory causes of importance:

Name of operation semibly Date of 930

What test confirmed diagnosis? th. cal 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) Creath, 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.

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2  
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