

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

Do not use this space.

4224

1. PLACE OF DEATH

County

Registration District No. 79
2008

Township

Primary Registration District No.

City St. Louis Mo (No. City Hospital # 2)

File No.

Registered No. 1299

St. Ward)

2. FULL NAME

(a) Residence, No. 2803 Cedar St., 12 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Col 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) 3-15-1882

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 70 16

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. 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) La

FATHER 13. NAME Monroe Cleveland

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT A Bertie Cleath # (ADDRESS) City Hospital # 2

18. BURIAL, CREMATION, OR REMOVAL Marrouge La DATE 2-1 19. 33

19. UNDERTAKER Watson and Son (ADDRESS) 2749 Chouteau

20. FILED EB-6 1933 May 1933 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-31-38

22. I HEREBY CERTIFY, That I attended deceased from 1-5, 1933, to 1-31-, 1933

I last saw h. live on 1-31-35, 1933 Death is said to have occurred on the date stated above, at 11 a. m.

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

73C
Chronic Myocarditis
Other contributory causes of importance: 99

Name of operation Date of
What test confirmed diagnosis? Ch. sul 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) C. 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.

