

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

Do not use this space.

7364

1. PLACE OF DEATH

County Registration District No. 701
Township Primary Registration District No. 1073
City St. Louis Mo. (No. 4210)

File No.
Registered No. 1315
St. Ward)

2. FULL NAME

(a) Residence, No. 1216 Pershing St., 8 Ward.

(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>Col</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>Mar 2 1882</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>9</u>	DAYS <u>1</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>junior</u>
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

MOTHER FATHER
13. NAME Richard Irving
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

MOTHER FATHER
15. MAIDEN NAME Wanda Mackinnon
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis

17. INFORMANT Richard Irving
(ADDRESS) 4710 Pershing St

18. BURIAL, CREMATION, OR REMOVAL PLACE Falmouth Union DATE Feb 7 1933

19. UNDERTAKER W. S. Wade and Co
(ADDRESS) 4220 Pershing Ave

20. FILED FEB - 7 1933
Max C. Stanley Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 3 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 1 - 20 - 1932 Feb 1 - 3 - 1933

I last saw him alive on Feb 1 - 3 - 1933 Death is said

to have occurred on the date stated above, at 4:30 m.

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

Acute Bacterial Bronchitis

Date of onset Dec - 20 - 32

1073 1073

Other contributory causes of importance:

Exposure to cold

Name of operation none Date of
What test confirmed diagnosis? none 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? no
If so, specify none
(Signed) Oscear Wilbony Johnson M. D.
(Address) 4039a Pershing

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.

