

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

Do not use this space.

7842

**1. PLACE OF DEATH**

County..... Registration District No. 176  
Township..... Primary Registration District No. 1047  
City St. Louis Mo (No. City Hospital 2)

File No.....  
Registered No. 1812  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3900 W Belle St., 11 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-1-1888  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 44 5 19  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Cook  
9. Industry or business in which work was done, as silk mill saw mill, bank, etc. Cook  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

9. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF.....  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
13. NAME Wm McDonald  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri  
15. MAIDEN NAME Mary Waters  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) to Gertrude Weather City Hospital  
18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Burial DATE 2-25 1935  
19. UNDERTAKER (ADDRESS) Watson and Son 27 E 4th  
20. FILED 22 1935 Map C. Drake Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-20-1935  
22. I HEREBY CERTIFY, That I attended deceased from 2-3, 1935, to 2-20-1935.  
I last saw him alive on 2-20-35, 1935. Death is said to have occurred on the date stated above, at 7:30 m.  
The principal cause of death and related causes of importance were as follows:

23A  
Pulmonary Tuberculosis  
Other contributory causes of importance: 23  
Date of onset

Name of operation..... Date of.....  
What test confirmed diagnosis? ch. hist. Was there an autopsy? 2  
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) Wm 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.

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