

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

Do not use this space.

8057

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Township..... Primary Registration District No. 1003  
 City, St. Louis, Mo. (No. main building 5351 - Delmar St.) Registered No. 2059 Ward)

**2. FULL NAME**

(a) Residence, No. 5351 - Delmar 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 2 yrs. 2 mos. 18 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 6 - 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.  
92 1 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Not known  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown  
 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) Madison Co. Mo.

MOTHER FATHER 13. NAME George Littrell

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

15. MAIDEN NAME Elizabeth Hacker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT (ADDRESS) Wilmuth Hacker

18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Hill, Mo. DATE Mar. 2, 1933

19. UNDERTAKER (ADDRESS) Alward & Sons

20. FILED MAR - 1 1933 May, St. Louis Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 28 - 1933

22. I HEREBY CERTIFY, That, I attended deceased from Dec. 19 - 1930 to Feb. 28 - 1933  
 I last saw him alive on Feb. 28 - 1933. Death is said to have occurred on the date stated above, at 4:2 P.M.

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

930  
Acute Dilatation of Heart 1 day  
Chronic Myocarditis 6 months  
 Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
 What test confirmed diagnosis? Phy. Ex. 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? 2  
 If so, specify.....  
 (Signed) Edw. Cameron, M. D.  
 (Address) 508 N. Grand Bldg.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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