

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

Do not use this space.

11594

1. PLACE OF DEATH

County..... Registration District No. 7911
Township..... Primary Registration District No. 203
City St Louis Mo (No. City Hospital)

File No.....
Registered No. 2671
St..... Ward)

2. FULL NAME

(a) Residence, No. 350 3rd Clark St. 18 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 male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1914
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
18 2 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. invalid
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. nil
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) Ark

MOTHER FATHER
13. NAME Clarence Vincent

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

15. MAIDEN NAME Jessie Clay

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

17. INFORMANT (ADDRESS) a Certificate of Death City Hosp #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarkville Tenn DATE 3/22/19

19. UNDERTAKER (ADDRESS) Peoples Care Co 3100 Franklin Ave

20. FILED MAR 21 1919 W. C. Starkey Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-10-19
22. I HEREBY CERTIFY, That I attended deceased from 6-29-1926 to 3-10-1933
I last saw him alive on 3-10-1933 Death is said to have occurred on the date stated above, at 5:00 m.
The principal cause of death and related causes of importance were as follows:

Chronic
Grippe
Pneumonia
81
Other contributory causes of importance:
Date of onset

Name of operation _____ Date of _____
What test confirmed diagnosis? flu test 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) Charles Smith, M. D.
(Address) City Hosp #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.

