

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

Do not use this space.

11804

**1. PLACE OF DEATH**

County..... Registration District No. 581. 20023  
 Township..... Primary Registration District No. ....  
 City St. Louis Mo. (No. City Hospitals) St. .... Ward)

File No. ....  
 Registered No. 2886

**2. FULL NAME**

(a) Residence, No. #18 S 22nd St., 22 Ward.

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. (If nonresident, give city or town and State)

**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>4-22-1881</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>10</u>
	DAYS <u>24</u>	If LESS than 1 day, ..... hrs. or ..... min.
8. Trade, profession, or particular kind of work done, as splinner, sawyer, bookkeeper, etc.		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Laborer</u>		
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) <u>D.C.</u>		
13. NAME <u>Sam Houston</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
15. MAIDEN NAME <u>Elizabeth Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>S.C.</u>		
17. INFORMANT (ADDRESS) <u>A. Bertrude Creath #2 City Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Louis U.</u> DATE <u>3-22-1933</u>		
19. UNDERTAKER <u>Walter Richter</u> (ADDRESS) <u>2500 Rutledge St</u>		
20. FILED <u>MAR 28 1933</u> <u>Missouri State Board of Health</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-16-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-16-33, 1933, to 3-16-33, 1933.  
 I last saw h. him alive on 3-16, 1933. Death is said to have occurred on the date stated above, at 10 m.  
 The principal cause of death and related causes of importance were as follows:  
AdD  
Cancer of Rectum  
 Other contributory causes of importance:  
4610

Name of operation..... Date of.....  
 What test confirmed diagnosis? biopsy 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

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.

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