

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

Do not use this space.

11930 *X*

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 1003
City St. Louis Mo. City Hospital #2

File No.
Registered No. 3121
St. Ward)

2. FULL NAME

(a) Residence, No. 3124 Lucas St., 21 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 2 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>8-1-1908</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>24</u>	<u>7</u>	<u>19</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Copper</u>			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-31-1933

22. I HEREBY CERTIFY, That I attended deceased from 3-7-33 to 3-31-33, 1933
I last saw him alive on 3-31-33, 1933 Death is said to have occurred on the date stated above, at 9:55 a.m.

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

Pulmonary Tuberculosis
23A
Other contributory causes of importance:
23

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

13. NAME Emanuel Johns

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

15. MAIDEN NAME Ellenora Bradley

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

17. INFORMANT Le Vertude Greath #2
(ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Father Dickson DATE 4/4-33

19. UNDERTAKER James Funeral Home
(ADDRESS) 2734 Sheridan ave.

20. FILED 33-3-1933 Wm. W. W. W. Registrar.

Name of operation Date of
What test confirmed diagnosis? Chol. Col. 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?

If so, specify C. Smith
(Signed) City Hospital M. D.
(Address)

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.

