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.

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

Do not use this space.

791

14592

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 3988

City St. Louis (No. City Hospital St. ..... Ward)

#77

2. FULL NAME John Waldrop

(a) Residence, No. M. L. H. St., 25 Ward. .....
(Usual place of abode) 204 N. 14th (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 5 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 white

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) Oct. 4th-1891

7. AGE YEARS 41 MONTHS 6 DAYS 13 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Electrician

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 93

10. Date deceased last worked at this occupation (month and year) .....

11. Total time (years) spent in this occupation 95

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sportingburg So. Carolina

FATHER

13. NAME John Waldrop

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

MOTHER

15. MAIDEN NAME Louise Lynch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No. Carolina

17. INFORMANT (ADDRESS) Hospital Information Grace Hopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE St Peters Cem. DATE May 3 1933

19. UNDERTAKER (ADDRESS) Alexander & Sons 6175 Delmar

20. FILED MAY -3 1933 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from April 2nd 1933, to April 17th 1933

I last saw him alive on April 17th 1933. Death is said to have occurred on the date stated above, at 12:15 PM

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

	Date of onset
Arteries - Sclerotic Heart Dis (Chr. Myocarditis)	
Acute Cardiac Decompensation	

Other contributory causes of importance: 93 C

Name of operation ..... Date of .....

What test confirmed diagnosis? Clin. 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? No

If so, specify .....

(Signed) J. McColeman, M. D.

(Address) City Hospital