

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Cheyten mo. (No. St. Louis Co. Hospital)

Registration District No. 790
Primary Registration District No. 6033

File No. 17704
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. Valley Park mo. St. _____ Ward _____
(Usual place of abode)

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 M 4. COLOR OR RACE W. 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) Apr 21 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
- -1 8

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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

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) mo

FATHER 13. NAME Harper Rue

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

MOTHER 15. MAIDEN NAME Nellie Reed

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

17. INFORMANT (ADDRESS) Harper Rue 16th & St. Louis Ave Valley Park mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethel DATE 5/31

19. UNDERTAKER (ADDRESS) Louis H. Bopp Parkwood mo

20. FILED May 31 1933 N. W. Sullivan Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29 1933

22. I HEREBY CERTIFY, That I attended deceased from May 23 1933, to May 29 1933

I last saw him alive on May 29 1933 Death is said to have occurred on the date stated above, at 10:45 A. M.

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

Staphylococcus meningitidis Date of onset _____

Other contributory causes of importance: 79A

Name of operation Laminectomy Date of May 24 1933

What test confirmed diagnosis? Sp 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 _____ (Signed) Chas. H. Hays M. D.

(Address) St. Louis County Hosp. Cheyten mo

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.

Clerk 5 15 1933

