

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

Do not use this space.

17836

1. PLACE OF DEATH

County Registration District No.
Township Primary Registration District No.
City St. Louis Mo (No. 4340, North Market Ward 7th)

File No.
Registered No. 4024
St. Ward

2. FULL NAME

Eugene Duke
(a) Residence, No. 4340 Northmarket St (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
4. COLOR OR RACE colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE-OF Sarah Duke
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
5th 51

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

13. NAME Nathan Duke

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

15. MAIDEN NAME annie Leggett

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

17. INFORMANT Sarah Duke (ADDRESS) 4340 Northmarket

18. BURIAL, CREMATION, OR REMOVAL PLACE Greenwood DATE May 6 1933

19. UNDERTAKER Pope & English (ADDRESS) 5901 Gopple Ave

20. FILED 1933 REGISTRAR T. M. ...

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1-1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 9, 1933, to May 1st, 1933

I last saw him alive on Apr. 30, 1933 Death is said to have occurred on the date stated above, at 1:20 m.

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

1. La Grippe (Influenza) Date of onset 11/13
2. Dero fibrinous Pleurisy (acute) 11/13

Other contributory causes of importance:

1. Dero fibrinous Pleurisy (acute)

Name of operation Date of operation

What test confirmed diagnosis? Phys. exam. 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) William E. Rubenstein, M. D.

(Address) 4069² Eastern Av. St. Louis 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.

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