

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

Do not use this space.

17919

1. PLACE OF DEATH

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

File No. _____
 Registered No. 4113
 St. _____ Ward _____

2. FULL NAME

(s) Residence, No. 1716 Division St. _____ St. 25 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 Col 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) 10-4-1895

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 7 2

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. laborer

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) Missouri

13. NAME Manuel Wade

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

15. MAIDEN NAME Mary French

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

17. INFORMANT (ADDRESS) A. J. French, death

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Uni DATE 5-18-1933

19. UNDERTAKER (ADDRESS) Boyd B. Easton

20. FILED LV - 8 1933 X. J. P. P. P. Registrar.

MEDICAL CERTIFICATE OF DEATH

21: DATE OF DEATH (MONTH, DAY, AND YEAR) 5-6-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-23-33, 1933, to 5-6-, 1933

I last saw him alive on 5-6-33, 1933 Death is said to have occurred on the date stated above, at 9 A.M.

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

930
Chronic Myocarditis
 Other contributory causes of importance:
930

Name of operation _____ Date of _____
 What test confirmed diagnosis? Ch. Cul 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 #2

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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