

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

V. S. NO. 2

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.

**1. PLACE OF DEATH**

County St. Louis Registration District No. 791  
 Township no 4223 Harris ave Primary Registration District No. 7003  
 City St. Louis

File No. 17997  
 Registered No. 4196  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence No. 4223 Harris Ave St. 10 Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 6 - 1956</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>4</u>
	DAYS <u>7</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Petroleum Contractor</u>	
	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) <u>Washington</u> <u>Miss</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>Mrs Carrie Shelton</u> (ADDRESS) <u>4223 Harris Ave</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>May 13 33</u>		
19. UNDERTAKER <u>Shoote &amp; Carroll</u> (ADDRESS) <u>4500 Oak Ridge</u>		
20. FILED <u>MAY 11 1933</u> <u>W. P. Ripper</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 11 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1932 to May 11 1933  
 I last saw him alive on May 11 1933 Death is said to have occurred on the date stated above, at 5:58 a.m.  
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis	1930
Arteriosclerosis	1932

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis? clinical 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) W. P. Ripper M. D.  
 (Address) 4500 Oak Ridge St.

