

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

Do not use this space.

**21431**

**1. PLACE OF DEATH**

County..... Registration District No. 700  
Township..... Primary Registration District No. 001  
City St. Louis (No. 1536 Papin)..... Ward.....

File No.....  
Registered No. 5215  
St. .... Ward.....

**2. FULL NAME**

(a) Residence, No. 1006 California 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<br><u>Male</u>   | 4. COLOR OR RACE<br><u>Cald</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>married</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                          |   |   |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25, 1869</u>                          |   |   |
| 7. AGE  | YEARS<br><u>63</u>  | MONTHS<br><u>5</u>  |
|   | DAYS<br><u>17</u>   | If LESS than 1 day, ..... hrs. or ..... min.                                |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.<br><u>Laborer</u> |   |
|   | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.<br><u>Common</u>           |   |
|   | 10. Date deceased last worked at this occupation (month and year).....  | 11. Total time (years) spent in this occupation.....                        |
| MOTHER  | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>  |   |
|   | 13. NAME <u>Not Known</u>   |   |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>   |   |
|   | 15. MAIDEN NAME <u>Not Known</u>  |   |
| FATHER  | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not Known</u>   |   |
|   | 17. INFORMANT <u>Rachael Levels</u><br>(ADDRESS) <u>1006 California av.</u>                                   |   |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Greenwood</u> DATE <u>June 16, 1933</u> |   |   |
| 19. UNDERTAKER <u>J. H. Blazinger</u><br>(ADDRESS) <u>2906 Papin</u>                  |   |   |
| 20. FILED <u>14 1933</u> 19.....<br><u>J. T. Bredeck</u><br>Registrar.                |   |   |

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1933 to June 11, 1933  
I last saw him alive on June 6, 1933 Death is said to have occurred on the date stated above, at 5 a. m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Hemorrhage  
8:1 A  
8:27 81  
Other contributory causes of importance:  
Basilar Paralysis

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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? no  
If so, specify WP Curtis, M. D.  
(Signed) WP Curtis  
(Address) 219 N. Jefferson Ave

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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