

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

Do not use this space.

21631

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No.
City St. Louis (No. 3905, W. Belle)

File No.
Registered No. 5430
St. Ward)

2. FULL NAME

(a) Residence, No. St., 14 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 male 4. COLOR OR RACE Col'd 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5, 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 4 15

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

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) Alabama

13. NAME Not Known

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not Known

15. MAIDEN NAME Annie Peterson

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

17. INFORMANT Letitia Walker (ADDRESS) 4733 Cook Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters DATE June 23, 1933

19. UNDERTAKER J. H. Harrison (ADDRESS) 2406 Hamilton

20. FILED 22 13 33 J. Bredlow Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 20, 1933

22. I HEREBY CERTIFY, That I attended deceased from Early March 1933 to June 20th, 1933
I last saw him alive on Several weeks ago, 19..... Death is said to have occurred on the date stated above, at 9 P. m.

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

Chronic
Myocarditis with
marked hypertension
93C
110B

Other contributory causes of importance:
Right side pleurisy
with effusion
characteristic negative sputum

Name of operation..... Date of.....
What test confirmed diagnosis? Physical findings 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) J. Bredlow, M. D.
(Address) 2406 Hamilton

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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