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

Do not use this space.

File No. 24278

Registered No. 164

1. PLACE OF DEATH
County: St. Louis — Registration District No. 785
Township: Bonhomme — Primary Registration District No. 6031
City: Mitchelampark (No. Mitchelampark Ave., St. ..... Ward)

2. FULL NAME: James Degwolk

(a) Residence, No. (Usual place of abode): Mitchelampark St., ... Ward. (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: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Unknown ~~1862~~

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1862

7. AGE — YEARS: 71 — MONTHS: — — DAYS: — — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Yard Man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Private Family
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

FATHER

13. NAME: Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Floyd Degwolk, Ellisville, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Hatherdickson DATE: July 10 1933

19. UNDERTAKER (ADDRESS): MANUEL UNDERTAKING CO. 4059 FINNEY AVE. ST. LOUIS MO.

20. FILED: 7/8, 1933 — E. Barnett M.D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-6, 1933

22. I HEREBY CERTIFY, That I attended deceased from 6-18, 1933, to 7-6, 1933

I last saw h. alive on 7-6, 1933. Death is said to have occurred on the date stated above, at 1 a.m.

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

Chronic Nephritis — Date of onset: .....

Other contributory causes of importance: Arteriosclerosis

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? .....

If so, specify .....

(Signed) G. W. Kergwold, M. D.

(Address) Wabash Bldg.

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.

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

Barnett