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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 731 File No. 24578

Township ..... Primary Registration District No. 1903 Registered No. 5965

City St. Louis (No. Alexian Bros. Hosp. St. ..... Ward)

2. FULL NAME Charles I Mayfield

(a) Residence, No. 6607 Marquette St., 14 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 4, 1868

7. AGE: YEARS 65 | MONTHS 5 | DAYS 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: fireman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: rail-road
10. Date deceased last worked at this occupation (month and year): Mar. '33
11. Total time (years) spent in this occupation: 26 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

FATHER

13. NAME: John Mayfield
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

MOTHER

15. MAIDEN NAME: Racheal Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Mrs. Mamie Mayfield 6607 Marquette

18. BURIAL, CREMATION, OR REMOVAL PLACE: Calvary Cem. DATE: July 8, 1933

19. UNDERTAKER (ADDRESS): Croghan Und. Co. inc. 7146 Manchester Ave.

20. FILED: JUL -7 1933 J F Bredeck, Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 5, 1933

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1933, to July 5, 1933

I last saw him alive on July 5, 1933. Death is said to have occurred on the date stated above, at 3:15 p.m.

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

Lobar Pneumonia — Date of onset

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Other contributory causes of importance: Senile Dementia

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... 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) Edmund F. Sassin M. D.

(Address) 1703 So. Grand

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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