

**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. 791

Township Primary Registration District No. 2

City St. Louis No. 6660 City Hospital

2. FULL NAME

(a) Residence, No. 6870 Clare St. Ward. (Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 1 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

25251

File No.

Registered No. **6727**

St. Ward)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 25 - 33

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or 3 min.

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

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) St. Louis Mo.

13. NAME George James

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berkeley Mo.

15. MAIDEN NAME Margaret Hoffman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Berkeley Mo.

17. INFORMANT (ADDRESS) Prof. Dr. M. Kent City Hosp #1

18. BURIAL, CREMATION, OR REMOVAL PLACE Cremation DATE 8-3-33

19. UNDERTAKER (ADDRESS) W.P. Dickerson City Hospital

20. FILED 533 19 33 J. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 25, 19 33

22. I HEREBY CERTIFY, That I attended deceased from 7-25, 1933 to 7-25, 1933

I last saw him alive on 7-25, 1933 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:

Premature infant

159

157

Other contributory causes of importance:

Date of onset

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? If so, specify Surv's int

(Signed) Lewis int M. D.

(Address) City Hosp #1

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.

SEP 26 1933

1
2
3

