

**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. 11KRF
City St. Louis, Mo (No.....) St. Ward)

File No. 82-1-59
Registered No. 87589

2. FULL NAME

(a) Residence No. 1253 A 91 Harrison St., 21 Ward.

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

Male col infant

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

infant

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-1-1953

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 0 0 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. ---
(b) General nature of industry, business, or establishment in which employed (or employer). ---
(c) Name of employer. ---

9. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) Mo

10. NAME OF FATHER Burel Harris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Miss

12. MAIDEN NAME OF MOTHER Carrie Branson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Miss

14. INFORMANT Burel Harris (Address) 1253 A 91 Harrison

15. FILED 13 1933 J. F. Bredbeck REGISTRAR

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-3 1933

17. I HEREBY CERTIFY, That I attended deceased from 8-1-33 to 8-3-33, 1933 that I last saw him alive on 8-3-33, 1933 and that death occurred, on the date stated above, at 8:20 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Exhaustion
Broncho pneumonia
107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. F. Winter, M.D. (Address) 2946 Wash

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Father Dickson Cem. 8-4 1933

20. UNDERTAKER ADDRESS 2820

Elhi Funeral Home Stoddard St.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1933

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