

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

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. 781

Township

Primary Registration District No. 33City St. Louis

(Not for use in Desloge Hospital) St. Ward)

File No.

27847

Registered No.

6879

2. FULL NAME

(a) Residence, No. 1500 S. 14th St. 23 Ward.

(Usual place of abode)

(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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Child</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-29-1929

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or min.
	<u>3</u>	<u>9</u>	<u>8</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc.	<u>Child</u>
	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) Missouri13. NAME Lilburn Wallace14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri15. MAIDEN NAME Loraine Raine16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri17. INFORMANT Lilburn Wallace (ADDRESS) 1500 S. 14th St.18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood Park DATE 8-9-3319. UNDERTAKER Peets Bros. (ADDRESS) 3029 Lafayette Ave.20. FILED 16-9-1933 J. J. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-6-33 19

22. I HEREBY CERTIFY, That I attended deceased from

1796, 19, to, 19

I last saw him alive on, 19, Death is said

to have occurred on the date stated above, at 12:00 m.

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

Nicotine Intoxication
poisoning self administered
at 3514 Caroline St.
Aug-6-1933

Date of onset

Other contributory causes of importance:

accident

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide. Accident Date of injury 8/6/33Where did injury occur? St. Louis Mo.

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nicotine IntoxicationNature of injury Nicotine Intoxication

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) J. J. Bredeck M.D.(Address) St. Louis, Mo.8/9/33

REF ID: A66100

Classified
by 100-100-1
Date 10-1-00

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