

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

Do not use this space.

27921

1. PLACE OF DEATH

County Registration District No. 791
Township Primary Registration District No. 10034
City, St. Louis Mo. City Hospital #2 No. 2 St. Ward)

File No.
Registered No. 6971
St. Ward)

2. FULL NAME

(a) Residence, No. 118 S 22nd St., 22 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 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>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Anna Johnson</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>- 8 - 1886</u>		
7. AGE	YEARS <u>47</u>	MONTHS <u>7</u>
	DAYS	IF LESS than 1 day, hrs. or min.
OCCUPATION	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. <u>Laborer</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Mos
(STATE OR COUNTRY)

FATHER 13. NAME Unknown

FATHER 14. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Mary Williams

MOTHER 16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT A. H. Hinkle, Death
(ADDRESS) Hospital #2

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE Aug 12 1938

19. UNDERTAKER Chas. E. Peltis
(ADDRESS) 3030 Bell Ave.

20. FILED 12 19 38 J. F. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-8- 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-23 1935, to 8-8- 1938
I last saw him alive on 8-8- 1938 Death is said to have occurred on the date stated above, at 12:45 m.
The principal cause of death and related causes of importance were as follows:

26
Endocarditis
Other contributory causes of importance:
Date of onset

Name of operation Date of
What test confirmed diagnosis? Heart Was there an autopsy? Yes

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 P. Smith
(Signed) P. Smith M. D.
(Address) City Hospital #2

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 1938

