

**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. **1003**
City **St. Louis, Mo.** (No. **2328 Pine St.**) St. _____ Ward _____

28390
File No. **17610**
Registered No. _____

2. FULL NAME

(a) Residence, No. **2328 Pine St.** St. _____ Ward **9**
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **5** 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 **Col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Mar 8, 1910**
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
19 5 30

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Packing House**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Labor**
10. Date deceased last worked at this occupation (month and year) **unknown** 11. Total time (years) spent in this occupation **unknown**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **East St. Louis, Ill.**

13. NAME **George French**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

15. MAIDEN NAME **Bertha Steward**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St. Louis, Mo.**

17. INFORMANT **Bertha French** (ADDRESS) **2328 Pine St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Booker Washburn** DATE **9/14/33**

19. UNDERTAKER **W. J. Wade** (ADDRESS) **420 1/2 Franklin Ave.**

20. FILED **SEP - 3 1933** **J. J. Brebeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **8-30**, 19**33**

22. I HEREBY CERTIFY, That I attended deceased from **8-27**, 19**32**, to **8-30**, 19**33**

I last saw him alive on **8-29**, 19**33** Death is said to have occurred on the date stated above, at **1000** m.

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

Pulm tbc Date of onset _____
Pulmonary Tuberculosis
23A

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? **ch. lab.** 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) **Leo J. Gaurin**, M. D.

(Address) **3836 - Chouteau**
St. Louis, Mo.

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.

