

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.

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

Do not use this space.

31298

1. PLACE OF DEATH

County Registration District No. **791**
 Township **St. Louis No.** Primary Registration District No. **10-2**
 City **St. Louis No. City Hospital 2** (No. **City Hospital 2**)

File No.
 Registered No. **8000**
 St. Ward)

2. FULL NAME

(a) Residence, No. **3315 Morgan** St., **21** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **100** 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 Coe	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF unknown		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-22-1896		
7. AGE	YEARS	MONTHS
	37	1
		DAYS
		19
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
Labores		
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **9-11-1933**
 22. I HEREBY CERTIFY, That I attended deceased from **7-15-33**, to **9-11-33**, 19**33**
 I last saw him alive on **9-11-33**, 19**33** 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:

23A
Pulmonary Tuberculosis & Laryngeal Tuberculosis
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY)	Miss
13. NAME	Darwin Winfield
14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY)	unknown
15. MAIDEN NAME	Ada Richardson
16. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY)	unknown
17. INFORMANT (ADDRESS)	A. Gertrude Galt City Hospital
18. BURIAL, CREMATION, OR REMOVAL PLACE	Washington Park Sept 16, 1933
19. UNDERTAKER (ADDRESS)	Charles J. Galt City Hospital
20. FILED	14 1933 J. B. Bredbeck Registrar.

Name of operation Date of
 What test confirmed diagnosis? **Raych. Lab.** 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
 (Signed) **J. Smith**, M. D.
 (Address) **City Hospital 2**

