

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

Do not use this space.

31390

1. PLACE OF DEATH

County Registration District No. 782
 Township Primary Registration District No. 1008
 City St. Louis Mo (No. City, Hospital #2)

File No.
 Registered No. 7879
 St. Ward)

2. FULL NAME

(a) Residence, No. 3407 Market St. 18 Ward.

(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 Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-16-1898
 7. AGE YEARS 34 MONTHS 8 DAYS 22 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
 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) Ark

13. NAME James Reed

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Pinkie Cain

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

17. INFORMANT A Gertrude Creath (ADDRESS) City, Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Jefferson Barracks 9/14, 1933

19. UNDERTAKER ELMER E. PATTIS (ADDRESS) 3030 BELLEVUE AVE

20. FILED 1-1-1933 J. Bickick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-8-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-7-1933 to 9-8-1933

I last saw him alive on 9-8-1933 Death is said to have occurred on the date stated above, at 9:48 m.

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

2-5 Date of onset

Subserous Endocarditis & Peritonitis

Other contributory causes of importance:

Name of operation Cholecystectomy Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? x

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____

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) R. 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.

OCT 20 1933

