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

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

Do not use this space.

31520

File No.

Registered No. 8196

1. PLACE OF DEATH

County

Township

City St Louis (No. City Hosp 8943 Lucas Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME

(a) Residence, No. 1442 Tucker St. Ward. 23
(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: M.

4. COLOR OR RACE: Colored

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): Unk

7. AGE: Years Unk/65. Months Days If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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): Unk

FATHER

13. NAME: Unk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

MOTHER

15. MAIDEN NAME: Unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unk

17. INFORMANT (ADDRESS): Hosp Dept. M. Kirk City Hosp

18. BURIAL, CREMATION, OR REMOVAL

PLACE City Crematory DATE Sept 11, 1933

19. UNDERTAKER (ADDRESS): David Jordan City

20. FILED SEP 20 1933, 19.. J. H. Bilderback Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 8, 1933

22. I HEREBY CERTIFY, That I attended deceased from 8-30, 1933, to 9-8, 1933

I last saw h alive on 9-8, 1933. Death is said to have occurred on the date stated above, at 7:25 a.m.

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

	Date of onset
Bronchial Pneumonia	9-6-33
1.7.7.	
2.4.4.	

Other contributory causes of importance:

Lobular Pneumonia ?	8-30-33

Name of operation Date of

What test confirmed diagnosis? clinical 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?

If so, specify

(Signed) Arthur A. Hines, M. D.

(Address) City Hosp