

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

Do not use this space.

34897

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 10122
City St Louis (No. 20155 Barr)

File No.....
Registered No. 9074
St..... Ward.....

2. FULL NAME

(a) Residence, No. 20155 Barr St. 21 Ward.....
(Usual place of abode) (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) Widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<u>abt</u>	<u>69</u>			

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Common
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Labourer
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) Chesterfield S.C.

FATHER 13. NAME George Gordon

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield S.C.

MOTHER 15. MAIDEN NAME Sallie Homack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chesterfield S.C.

17. INFORMANT Bessie Phillips
(ADDRESS) 20155 Barr St

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE Oct 23 1933

19. UNDERTAKER A. S. Beal and S.
(ADDRESS) 2726 Pugh St

20. FILED 101 21 1933 1933 J. Bredbeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-18 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-16, 1933 to 10-18, 1933

I last saw him alive on 10-17, 1933. Death is said to have occurred on the date stated above, at 9:20 m.

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

Carcinoma of Bladder
51B

Other contributory causes of importance: 51

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) B. W. Satterfield M. D.
(Address) 2000 Biddle

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.

NOV 10 1933

CAUTION: This document contains information that is exempt from public release under the Freedom of Information Act, 5 U.S.C. 552.