

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

Do not use this space.

34990

**1. PLACE OF DEATH**

County..... Registration District No. 191  
Township..... Primary Registration District No. 25  
City St. Louis Mo (No. City Hospital 2)

File No.....  
Registered No. 9193  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 9209 7 17 St. St. 25 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-6-33

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, .....hrs. or .....min. 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Nil  
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) St. Louis Mo

MOTHER FATHER 13. NAME Arcos Burston

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

15. MAIDEN NAME Lillian Overby

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

17. INFORMANT Dr. Gertrude Creath (ADDRESS) City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL PLACE POTTERS FIELD DATE OCT 26 1933

19. UNDERTAKER Stafford (ADDRESS) 2945 Lafayette

20. FILED 25 1933 19. J. Bredeck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-8-33, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-6-33 to 10-8-33, 1933

I last saw him alive on 10-8-33, 1933 Death is said to have occurred on the date stated above, at 6:25 m.

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

159  
Premature  
Other contributory causes of importance:  
8 15 11  
Name of operation..... Date of.....  
What test confirmed diagnosis? Placental 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) D. Smith, M. D.  
(Address) City Hospital 2

MARGIN RESERVED FOR BINDING

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.

NOV 7 1933

V. S. NO. 2

