

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

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

Do not use this space.

35144

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 25  
City St. Louis Mo (No. City Hospital #2)

File No.....  
Registered No. 9358  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 1412 Wash St., 25 Ward.  
(Usual place of abode)  
Length of residence in city or town where death occurred 58 yrs. 1 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

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) 8-31-1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
58 / 1 / 23

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. Laborer

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

13. NAME William Martin

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

15. MAIDEN NAME Albi Boyd

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

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington D DATE 10-27-1933

19. UNDERTAKER Walter Richter (ADDRESS) 3500 Rutger St

20. FILED 117 21 1933 19. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-24-1933

22. I HEREBY CERTIFY, That I attended deceased from 10-15-1933, to 10-24-1933  
I last saw him alive on 10-24-1933. Death is said to have occurred on the date stated above, at 5:30 m.  
The principal cause of death and related causes of importance were as follows:

1570a Date of onset  
Broncho Pneumonia  
Other contributory causes of importance  
Bronchial Asthma

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) R. Smith, M. D.  
(Address) City Hospital #2

