

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.

JAN 26 1934

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

Do not use this space.

41650

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 701
Primary Registration District No. 003
(No. St. Anthony's Hospital)

File No.
Registered No. 10670
St. Ward)

2. FULL NAME

(a) Residence, No. 1700 N. Grand Boul. St. 11 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 white 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) Feb. 1 - 1933

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

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.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis Mo (STATE OR COUNTRY)

13. NAME Beauford Chastain

14. BIRTHPLACE (CITY OR TOWN) New Mexico (STATE OR COUNTRY)

15. MAIDEN NAME Eleanor Clark

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

17. INFORMANT Beauford Chastain (ADDRESS) 1700 N. Grand St.

18. BURIAL, CREMATION OR REMOVAL PLACE Knoblick Mo. DATE Dec. 11 1933

19. UNDERTAKER Cullinane Bros. (ADDRESS) 1710 N. Grand St.

20. FILED J. F. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from Dec 5 1933 to Dec 8 1933

I last saw him alive on Dec 8 1933 Death is said to have occurred on the date stated above, at 11:25 p.m.

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

Pneumonia - Labor
107A
157D
100

Date of onset

Other contributory causes of importance:

Left Palate repair

Name of operation Plastic Palate Date of Dec 5-33

What test confirmed diagnosis? 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) J. J. Hunter, M. D.
(Address) 939 Miss Club
J. J. Hunter Mo

Dr. Tainter 303 clark
12 S A.