JAN 26 1934

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

Do not use this space.

41894

1. PLACE OF DEATH

County ..... Registration District No. 781

Township ..... Primary Registration District No. [illegible]

City St. Louis (No. 2518, Baldwin St. ..... Ward)

File No. ..... Registered No. 10937

2. FULL NAME Martin Pleasant

(a) Residence, No. 2518 Baldwin St., 20 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

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

7. AGE: Abt. YEARS 44 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.: Glue Factory

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): Mississippi

FATHER

13. NAME: Edmond Pleasant

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

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT (ADDRESS): Addie Pleasant, 2518 Baldwin St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Washington Park DATE 12/25/1933

19. UNDERTAKER (ADDRESS): C. W. Roberts, 3035 Lucas Avenue

20. FILED DEC 21 1933 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 12.20.1933

22. I HEREBY CERTIFY, That I attended deceased from 11-19, 1933, to 12-20, 1933

I last saw him alive on 11-20, 1933. Death is said to have occurred on the date stated above, at 3:30 a.m.

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

	Date of onset
Pulmonary ~~Pneumonia~~ Tuberculosis	
VDA	

Other contributory causes of importance: 23

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

What test confirmed diagnosis? laboratory 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. R. Williams, M. D.

(Address) 823-N, 16

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.

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