

MAR 24 1934

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

Do not use this space.

4885

607

1. PLACE OF DEATHCounty JacksonRegistration District No. 323File No. 39Township 1stPrimary Registration District No. 1003Registered No. ---City St. Louis (No. General Hospital #2 St. 3rd Ward)**2. FULL NAME**(a) Residence, No. 933 Campbell St., --- 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 PARTICULARS3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ---6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-5-18947. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 29 9 1 --- --- ---8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Waiter
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) (STATE OR COUNTRY) St. Louis13. NAME Chas. Nicholas14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis15. MAIDEN NAME Carrie Brown16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis17. INFORMANT (ADDRESS) G. Record Clerk General Hospital #218. BURIAL, CREMATION, OR REMOVAL PLACE Plummer's Sub. DATE Feb 8 193419. UNDERTAKER (ADDRESS) Adkins Bros. 3410 West20. FILED 278 1934 M. M. Crome Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-6 193422. I HEREBY CERTIFY, That I attended deceased from 12-2 1934 to 2-6 1934I last saw him alive on 2-6 1934 Death is said to have occurred on the date stated above, at 4:15 P.M.

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

Acute pyelo-nephritis with multiple urinary abscesses Date of onset ---Other contributory causes of importance: Tuberculosis 1330Name of operation --- Date of ---What test confirmed diagnosis? --- Was there an autopsy? Yes23. 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? NoIf so, specify ---(Signed) G. O. Trone M.D.(Address) General Hospital #2

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.

