

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

Do not use this space.

791

6610

MAR 24 1934

1. PLACE OF DEATH

County..... Registration District No. **791**
 Town..... Primary Registration District No. **793**
 City **St. Louis, Mo.** (No. **2945 - Lawton Blvd City Hosp.**) St. **2** Ward

File No. **1453**
 Registered No. **1453**

2. FULL NAME

(a) Residence, No. **2843 4 Franklin 21** Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred **6** 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** *Widow*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *6-30-1886*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<i>47</i>	<i>7</i>	<i>6</i>	

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. *Labourer*

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) *Miss*

13. NAME *Prince Beals Sr.*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La.*

15. MAIDEN NAME *Jane*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La.*

17. INFORMANT (ADDRESS) *2945 - Lawton Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Wynona, Ark.* DATE *2/9th* 19*34*

19. UNDERTAKER (ADDRESS) *J. C. Gordon Thd. Co. 2647 - 51 Delmar Blvd.*

20. FILED 19*34* *J. Bredeck* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 6th* 19*34*

22. I HEREBY CERTIFY, that I attended deceased from *Jan. 12th* 19*34*, to *Feb 6th* 19*34*
 I last saw him alive on *Feb 6th* 19*34*. Death is said to have occurred on the date stated above, at *10:15 p.m.*
 The principal cause of death and related causes of importance were as follows:
Chronic Nephritis
191
137
1860
 Other contributory causes of importance:
Uremia, Hypertrophic Prostate

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 *Henry C. Lawton*, M. D.
 (Signed) *Henry C. Lawton*, M. D.
 (Address) *2945 - Lawton Blvd.*

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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