

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

Do not use this space.

6875

MAR 24 1934

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City *St. Louis* (No. *City Hosp*)

File No. ....

Registered No. **1733**

**2. FULL NAME**

(a) Residence, No. *1623 1/2* (Usual place of abode) *Levee* St. *23* Ward, (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *25* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *2* 4. COLOR OR RACE *w* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 14 1866*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
*67 10 3*

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Unknown*

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) *Massouri*

13. NAME *John Elliott*

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

15. MAIDEN NAME *Margaret Wright*

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

17. INFORMANT *Thos J. M. Keat* (ADDRESS) *City Hosp*

18. BURIAL, CREMATION, OR REMOVAL PLACE *New Breckers* DATE *2/19 - 34*

19. UNDERTAKER *P. St. McLaughlin* (ADDRESS) *1631 Mississippi and*

20. FILED *FEB 27 1934* *J. Brederick* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2/17* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *2/13* 19*34*, to *2/17* 19*34*

I last saw him alive on *2/17* 19*34*. Death is said

to have occurred on the date stated above, at *5:25* p.m.

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

*Cerebral Hemorrhage } Date of onset 2-13-34*  
*Chronic Hypertension }*  
*93C*  
*93A*  
*93B*  
Other contributory causes of importance:  
*Hypertension } 2-13-34*

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

What test confirmed diagnosis? *Clinical* 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) *Arthur A. Hines*, M. D.

(Address) *City Hosp. St. Louis*

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.

1. The first part of the document is a list of names and addresses of the members of the committee.

2. The second part is a list of the names and addresses of the members of the committee.

3. The third part is a list of the names and addresses of the members of the committee.

4. The fourth part is a list of the names and addresses of the members of the committee.

5. The fifth part is a list of the names and addresses of the members of the committee.

6. The sixth part is a list of the names and addresses of the members of the committee.

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27. The twenty-seventh part is a list of the names and addresses of the members of the committee.

28. The twenty-eighth part is a list of the names and addresses of the members of the committee.

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31. The thirty-first part is a list of the names and addresses of the members of the committee.

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40. The fortieth part is a list of the names and addresses of the members of the committee.