

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.

MAR 24 1934

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

Do not use this space.

7173

File No. 7173  
Registered No. 2056

1. PLACE OF DEATH

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

Registration District No. 791

Primary Registration District No. 1003

(No. St. Mary's Infirmary)

St. St. Mary's Infirmary Ward

2. FULL NAME

(a) Residence, No. 409 Marquette St. 18 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>                    </u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>3/9-1900</u>		
7. AGE <u>33</u>	YEARS <u>11</u>	MONTHS <u>14</u>
If LESS than 1 day, ..... hrs. or ..... min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborman</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>                    </u>
	10. Date deceased last worked at this occupation (month and year) <u>                    </u>
	11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Birmingham Ala

13. NAME Hubert Patton

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

15. MAIDEN NAME Anna Mae Shan

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

17. INFORMANT (ADDRESS) Corena D. Gandy

18. BURIAL, CREMATION, OR REMOVAL (ADDRESS) 109 Marquette  
PLACE St. Louis mo DATE Mar 5 1934

19. UNDERTAKER (ADDRESS) J. J. Gandy

20. FILED FEB 27 1934 J. J. Gandy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 23 1934

22. I HEREBY CERTIFY, That I attended deceased from 2/5 1933, to Feb 23 1934

I last saw him alive on 2/15 1933. Death is said

to have occurred on the date stated above, at 3 p.m.

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

Broncho-Pneumonia Date of onset 10/9/33

Other contributory causes of importance                     

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                     

(Signed) W. J. Gandy, M. D.

(Address) 1536 24th St. St. Louis mo

