

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.

APR 25 1934

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

Do not use this space.

7264

1. PLACE OF DEATH

County _____
Township _____
City St. Louis (No. _____)

Registration District No. 791
Primary Registration District No. 1003

File No. _____
Registered No. 2157
St. _____ Ward _____

2. FULL NAME

Jessie Thomas Sroaf
(a) Residence No. 5015 W. Broadway St. 9 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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-1924

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 8 18

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

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. Louis MO.

FATHER 13. NAME Jessie P. Sroaf

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

MOTHER 15. MAIDEN NAME May B. Dixon

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

17. INFORMANT (ADDRESS) Jessie P. Sroaf
4120 W. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Grigiers DATE 3-3 1934

19. UNDERTAKER (ADDRESS) W. A. Shank and Co.
2117 E. Grand Blvd.

20. FILED 4-2-34 19 J. Storeck Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 27 1934, to Feb 28 1934.

I last saw him alive on Feb 27 1934. Death is said to have occurred on the date stated above, at 1:30 p. m.

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

LAE
103
Lobar Pneumonia
Other contributory causes of importance: 3 days
Myositis - Muscles
Abcess - mediast.

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? X 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 Wheeler J. Dixon, M. D.
(Signed) (Address) 2743 No. Grand Blvd.

