

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

Do not use this space.

GRAY 25 1934

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City **St. Louis**

(No. **City Hospital # 2**)

File No. **14480**

Registered No. **2659**

St. Ward)

2. FULL NAME

(a) Residence, No. **2026 - Pine** St. **21** Ward.

(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. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 4. COLOR OR RACE **Col.** 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) **abt 1886**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
abt. 48 - - -

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

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) **Okla.**

13. NAME **Unknown**

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

15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Harold Schultz, D.C. Criminal Court**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Robb Field** DATE **7/13** 19**34**

19. UNDERTAKER (ADDRESS) **Wm C. McElwain 1354 Franklin Ave**

20. FILED **APR 11 1934** **J. Brudick** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 5** 19**34**

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at **12:45** p.m.

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

Incarcerated Ventral Hernia with Gangrenous Bowls. Perforated peptic ulcer duodenal

Other contributory causes of importance:

12913 / 11-7-64

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? **yes**

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) **Harold Schultz** M.D. (Address) **St. Louis**

N. B.—Every item of information on this certificate is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. B. 12. B. 13. B. 14. B. 15. B. 16. B. 17. B. 18. B. 19. B. 20. B. 21. B. 22. B. 23. B. 24. B. 25. B. 26. B. 27. B. 28. B. 29. B. 30. B. 31. B. 32. B. 33. B. 34. B. 35. B. 36. B. 37. B. 38. B. 39. B. 40. B. 41. B. 42. B. 43. B. 44. B. 45. B. 46. B. 47. B. 48. B. 49. B. 50. B. 51. B. 52. B. 53. B. 54. B. 55. B. 56. B. 57. B. 58. B. 59. B. 60. B. 61. B. 62. B. 63. B. 64. B. 65. B. 66. B. 67. B. 68. B. 69. B. 70. B. 71. B. 72. B. 73. B. 74. B. 75. B. 76. B. 77. B. 78. B. 79. B. 80. B. 81. B. 82. B. 83. B. 84. B. 85. B. 86. B. 87. B. 88. B. 89. B. 90. B. 91. B. 92. B. 93. B. 94. B. 95. B. 96. B. 97. B. 98. B. 99. B. 100.

