

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 19 1934

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

Do not use this space.

15261

1. PLACE OF DEATH

County
Township
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 4529
Ward)

2. FULL NAME

(a) Residence, No. John Jones
1603 Chestnut St., 25 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. da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

Male

4. COLOR OR RACE

Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single

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

22. I HEREBY CERTIFY, That I attended deceased from

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

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

about 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 47 - - -

I last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 5:30 a.m.

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

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.

laborer

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

Date of onset

131
Chronic Myocarditis
Other contributory causes of importance: 131
Chronic Interstitial Nephritis

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

Missouri

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

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.

17. INFORMANT (ADDRESS)

Harold Schultz, P.C.
Moore's Court Bldg.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Patterson Field DATE May 4 1934

Manner of injury.....

Nature of injury.....

19. UNDERTAKER (ADDRESS)

Wm C. McLaughlin
254 Franklin Ave.

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify.....

(Signed) [Signature]

(Address) [Address]

20. FILED

May - 4 1934

J. Beebeck
Registrar.

OCCUPATION

FATHER

MOTHER

237

31

23

Physician in attendance
131
Chronic Myocarditis
131
Chronic Interstitial Nephritis
Yes
No
[Signature]
[Address]
254 Franklin Ave.

