MAY 25 1934

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

Do not use this space.

15317

1. PLACE OF DEATH

County St. Louis — Registration District No. 1123 — File No.

Township Carondelet — Primary Registration District No. 6248 — Registered No. 106

City St Louis Mo (No. ..... St. ..... Ward)

2. FULL NAME Charles J Mayors

(a) Residence, No. 1108 Ohio Ave St. Louis, Mo. 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: M
4. COLOR OR RACE: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widower ~~Single~~

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): January 10, 1887

7. AGE: 46 YEARS 47 — 4 MONTHS 2 — DAYS 26 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.: not employed
10. Date deceased last worked at this occupation (month and year): not known
11. Total time (years) spent in this occupation: Not known

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Troy, Tenn,

FATHER

13. NAME: ~~Not known~~ Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known Not known

MOTHER

15. MAIDEN NAME: Margaret [illegible]
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): not known Not known

17. INFORMANT (ADDRESS): J Eleashin

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem DATE Apr 10 1934

19. UNDERTAKER (ADDRESS): Chas. J. Gates 4107 Finney Ave.

20. FILED 4/7 1934 [illegible] Date M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from April 6, 1934 to April 6, 1934

I last saw him alive on April 6, 1934 Death is said to have occurred on the date stated above, at 3:15 p.m.

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

Pneumonia, Lobar — Date of onset 4-3-34

Other contributory causes of importance: none

Name of operation — Date of —

What test confirmed diagnosis? Physical Exam. 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) J Eleashin, M. D.

(Address) Veterans Administration St Louis Mo.

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.