

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **701**
 Township..... Primary Registration District No. **10153**
 City **St. Louis, Mo.** (No. **Trices Hospital**) St. _____ Ward _____
 Registered No. **18046**

2. FULL NAME

(a) Residence, No. **Williford Ash St., N.R. Ward.** **Williford Park**
 (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 **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mrs. L. Sanderson**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1893**

7. AGE YEARS **41** MONTHS **1** DAYS **—** If LESS than 1 day, hrs. or min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Trices R.R.**

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) **Ala.**

FATHER 13. NAME **Noah**

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

MOTHER 15. MAIDEN NAME **Ella Pinner**

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

17. INFORMANT (ADDRESS) **P. Haynes, Trices Hospital**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Memphis, Tenn.** DATE **5-1-34**

19. UNDERTAKER (ADDRESS) **Robert Haynes, 41800 Lakeville**

20. FILED **MAY - 1 1934**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-1-34**

22. I HEREBY CERTIFY, That I attended deceased from **4-1-34**, to **5-1-34**

I last saw him alive on **5-1-34**, 19**34**

Death is said to have occurred on the date stated above, at **6:00 a.m.**

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

Brain Tumor Date of onset **1**
530 (Malignant)

Other contributory causes of importance: **none**

23. Name of operation **Autopsy** Date of **5-27-34**

What test confirmed diagnosis: **Ray** 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? **Yes**

If so, specify _____

(Signed) **Paul Haynes Jr.**, M. D.

(Address) **41800 Lakeville**

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

JUN 19 1934

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