

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

Do not use this space.

**791
1003**

18151
4606

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo (No. 2945 - Lawton Blvd. City) Registered No. 18151
St. W. St. #21 (Ward) 4606

2. FULL NAME

(a) Residence, No. 2722 - Randolph Ward..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 1 1/2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2. SEX <u>Male</u>		4. COLOR OR RACE <u>Colored</u>		5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF					
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 5th 1920</u>					
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.	
	<u>14</u>	<u>11</u>	<u>28</u>		
OCCUPATION	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. <u>School-boy</u>				
	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) <u>St. Louis Missouri</u>					
13. NAME <u>Tom Gardner</u>					
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>					
15. MAIDEN NAME <u>Sallie Minors</u>					
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>					
17. INFORMANT (ADDRESS) <u>2945 - Lawton Blvd.</u>					
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wentworth Park</u> DATE <u>5-9-34</u>					
19. UNDERTAKER (ADDRESS) <u>Watson and Son 2769 Shortway</u>					
20. FILED <u>MAY - 6 1934</u> <u>J. B. Beck</u> Registrar					

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-3-34

22. I HEREBY CERTIFY, That I attended deceased from 5-3-34, 1934, to 5-3-34, 1934
I last saw him alive on 5-3-34, 1934. Death is said to have occurred on the date stated above, at 11:15 p.m.
The principal cause of death and related causes of importance were as follows:
Acute Meningitis Date of onset 5-3-34
(non epidemic) Cerebrospinal
1934
133H
Other contributory causes of importance:
Acute pyelitis (cause unknown)
795
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 Henry Hampton
(Signed) Henry Hampton, M.D.
(Address) 2945 - Lawton Blvd.

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

