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. 791 File No. 18656

Township ..... Primary Registration District No. 1003 Registered No. 5150

City St. Louis (No. 1468, Belt Ave St. ..... Ward)

2. FULL NAME Thomas Stead

(a) Residence, No. 1468 Belt Ave St., 6 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Frances E. Stead

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 24, 1865

7. AGE: YEARS 68 | MONTHS 5 | 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.: Retired 4 years Stone Moulder.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Bridges & Beach Mfg Co.
10. Date deceased last worked at this occupation (month and year): Nov. 1930.
11. Total time (years) spent in this occupation: 25

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barry England.

FATHER

13. NAME: Francis Edward Stead.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barry England.

MOTHER

15. MAIDEN NAME: Mary Child.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Barry England.

17. INFORMANT (ADDRESS): Mrs Thomas Stead 1468 Belt Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Friedens Cem. DATE May 23 1934

19. UNDERTAKER (ADDRESS): Shepard Funeral Home 1167-69 Hamilton Ave.

20. FILED MAY 22 1934 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 14, 1934 to May 20, 1934
I last saw him alive on May 19, 1934. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Endocarditis Chr
mitral insufficiency
9 V 1 06D

Date of onset

Other contributory causes of importance:
Bronchitis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? No
If so, specify .....
(Signed) Walter K. Dobson, M. D.
(Address) 706 Century Bldg

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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