

**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**
Township..... Primary Registration District No. **1003**
City **ST. LOUIS** (No. **1015 A - MORRISON**)

File No. **22114**
Registered No. **5876**
St. Ward)

2. FULL NAME

(a) Residence, No. **1015 A - MORRISON** St. **22** Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **14** 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 Sadie Winston		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-3-1877		
7. AGE YEARS 56	MONTHS 9	DAYS 10
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 saw mill, bank, etc. Steel Factory		
10. Date deceased last worked at this occupation (month and year) 1932		11. Total time (years) spent in this occupation

OCCUPATION
FATHER
MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chester Illinois**

13. NAME **Isaac Winston**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York N. Y.**

15. MAIDEN NAME **Lucy Pearson**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Chester Illinois**

17. INFORMANT (ADDRESS) **Helen James Grant City Ill**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Chester Ill** DATE **June-22-1934**

19. UNDERTAKER (ADDRESS) **P. St. M. Laughlin 1631 Madison**

20. FILED **11** 19 **34** Registrar **J. Brebeck**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June-13-1934**

22. I HEREBY CERTIFY That I attended deceased from **May 10**, 19**34**, to **June 13**, 19**34**.
I last saw him alive on **June 12**, 19**34**. Death is said to have occurred on the date stated above, at **30** m.

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

Chronic Myocarditis
93C
Other contributory causes of importance: **None**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy?.....

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) **William Stenke**, M. D.
(Address) **13192 Midway**

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.

