

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

Do not use this space.

791  
1003

File No. 22672  
Registered No. 6512

1. PLACE OF DEATH

County ..... Registration District No. ....  
Township ..... Primary Registration District No. ....  
City *St. Louis, Mo.* (No. *2945 Sautter Ave City Hosp #2*) ..... Ward) .....

2. FULL NAME

(s) Residence, No. *4320 Fairfax St.* ..... 11 Ward.  
(Usual place of abode) ..... (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *3* 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 *negro*  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *12/1/1890*  
7. AGE YEARS *43* MONTHS *5* DAYS *27* If LESS than 1 day, ..... hrs. or ..... min.

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. *laborer*  
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) *Japan*

13. NAME *Jack Evans*

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

15. MAIDEN NAME *Martha Reed*

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

17. INFORMANT (ADDRESS) *Ethel Mays Sherman 2945 Sautter Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington D.C.* DATE *July 5*, 1934

19. UNDERTAKER (ADDRESS) *Theo Perkins 3307 Lucas*

20. FILED *2 1934* 19 *J. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6/28/34*, 19 *34*

22. I HEREBY CERTIFY, That I attended deceased from *6/26/34*, 19 *34*, to *6/28/34*, 19 *34*.  
I last saw him alive on *6/28/34*, 19 *34*. Death is said to have occurred on the date stated above, at *4:50* p. m.

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

*Lobar Pneumonia (left)* Date of onset *6/26/34*  
*108*  
*108*

Other contributory causes of importance:

Name of operation ..... Date of .....  
What test confirmed diagnosis? *Chemical* 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 *Russell Smith*, M. D.  
(Signed) *Russell Smith*  
(Address) *2945 Sautter Ave*

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.

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