

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

Do not use this space.

26242

File No. _____

Registered No. 149

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City _____ (No. _____, St. _____ Ward)

2. FULL NAME

George E. Black

(a) Residence, No. 5253 Jennings rd., St. 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 Dolly Black

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4/2/1876

| 7. AGE | YEARS | MONTHS | DAYS | IF LESS than 1 day, hrs. or min. |
|--------|-----------|----------|-----------|----------------------------------|
| | <u>58</u> | <u>3</u> | <u>11</u> | |

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery

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

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY)

13. NAME James W. Black,

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

15. MAIDEN NAME Harriett Sheridan

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

17. INFORMANT Dolly Black
(ADDRESS) 5253 Jennings rd.

18. BURIAL, CREMATION, OR REMOVAL crematory
PLACE Valhalla Cem. DATE 7/16, 1934

19. UNDERTAKER Drehman Karal,
(ADDRESS) 1905 Union Blvd.

20. FILED July 14 1934 W. A. Guttler
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/13/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 8am m.

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

Chr. pleural adhesions (left) (Old) caused by injury four yrs ago. Chr. endocarditis, fatty degeneration of the heart, hypertrophic sclerosis of the liver. Moderate edema of the brain, inebriety. Angina pectoris.

Other contributory causes of importance: Secondary: Endocarditis and fatty degeneration of the heart. inebriety.

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 _____

(Signed) Luca B. Turner 7/14/34
(Address) 3718 Jennings Rd
Crown Point, Mo.

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.

AUG 17 1934

