

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Clayton (No. St. Louis County Hosp.)

Registration District No. 90
Primary Registration District No. 6833A

File No. 26354
Registered No. 220
Ward

2. FULL NAME

(a) Residence, No. 7200 Delta St., Richmond Hgt.
(Usual place of abode)

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) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 11 2 0

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
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) Scotland

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) H. L. Community Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE 7/7/34

19. UNDERTAKER (ADDRESS) Stephen Und. & Co. 7140 Manchester Ave.

20. FILED July 17, 1934 Robert J. Ambrose Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 6, 1934

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1934 to July 6, 1934
I last saw him alive on July 6, 1934 Death is said to have occurred on the date stated above, at 4:45 P.M.
The principal cause of death and related causes of importance were as follows:

Cancer of Esophagus Date of onset 4-5-34
Gastrostomy 5-5-34
Cardiac Dilatation 7-6-34
Other contributory causes of importance: 46

Name of operation Gastrostomy Date of 7-5-34
What test confirmed diagnosis? 118.3 Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1934
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) H. G. Wallace, M. D.
(Address) St. Louis Co. Hosp.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

