

**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. **2609**, **Welmar Blvd**)

File No. **26752**
 Registered No. **6946**
 St. Ward)

2. FULL NAME

(a) Residence, No. **2609 Welmar** St. **21** 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 **F.** 4. COLOR OR RACE **C.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **About 1880**

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
About 44 — — —

OCCUPATION
 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. **Housework**
 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) **Memphis, Tenn.**

FATHER
 13. NAME **Alex Patchiff**

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

MOTHER
 15. MAIDEN NAME **Lottie Long**

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

17. INFORMANT (ADDRESS) **Sybil May Grisham**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **July 16, 1934**

19. UNDERTAKER (ADDRESS) **W. C. Goodland Co.**

20. FILED **L 18 1934** **J. H. Bredeck** Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 13th, 1934**

22. I HEREBY CERTIFY, that I attended deceased from **July 10 - 31, July 13, 1934**
 last saw him alive on **July 13, 1934** Death is said to have occurred on the date stated above at **110** m.

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

Lobar Pneumonia Date of onset **7/11/34**
Acute Bronchitis - **7/14/34**

Other contributory causes of importance:

Name of operation **no** 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?

If so, specify
 (Signed) **J. H. Bredeck** M. D.
 (Address) **2020 Franklin**

COPY 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 16 1934

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