

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

Do not use this space.

27594

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary/Registration District No. **1008**
City..... **St. Louis Mo. City Hospital** (No. **2**)

File No.....
Registered No. **7840**
St. Ward)

2. FULL NAME

(a) Residence, No. **2017 - Harrison 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 **Colored** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 53

OCCUPATION
8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **Labour.**
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) **Arkansas**

FATHER
13. NAME **Unknown**

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

MOTHER
15. MAIDEN NAME **Unknown**

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

17. INFORMANT (ADDRESS) **Huby Perdey 2945 Lawton**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington U** DATE **7-30** 19 **4**

19. UNDERTAKER (ADDRESS) **St. Alban Richter 3529 Rutger St**

20. FILED **31** 19**34** 19 **J. Brebeck** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 26th 1934**

22. I HEREBY CERTIFY, That I attended deceased from **7-15-1934** to **7-26-1934**

I last saw him alive on **7-26-1934**. Death is said to have occurred on the date stated above, at **9:00** p.m.

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

Carcinoma of Liver Date of case **7-15-34**
Diabetes
46
Other contributory causes of importance **Diabetes**

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? **No.**

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) **Russell Smyth, M.D.**
(Address) **2945 - Lawton Blvd**

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 UNFAADING INK—THIS IS A PERMANENT RECORD

AUG 16 1934

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31
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