

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

Do not use this space.

1. PLACE OF DEATH

SEP 23 1934

791

30820

County.....

Registration District No.

1003

File No.

8080

Township.....

Primary Registration District No.

City.....

St. Louis

No.

6030

Harney Ave

Registered No.

St.

Ward)

2. FULL NAME

Francis Jos. Black

(a) Residence, No. St.,
(Usual place of abode)

6030 Harney Ave

St.

Ward.

(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)

unmarried

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

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

Oct 14 - 1852

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

81

9

21

OCCUPATION

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

Civil Engineer

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

Retired

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)

Mo

FATHER

13. NAME

John Black

MOTHER

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

Mo

15. MAIDEN NAME

Unknown

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

Mo

17. INFORMANT
(ADDRESS)

Frank Black
6030 Harney Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cemetery

DATE

Aug 7 1934

19. UNDERTAKER
(ADDRESS)

Pharmacia Drug Co
4740 St. Louis Ave

20. FILED

SEP 11 1934

J. F. Bredeck

Registrar.

MEDICAL CERTIFICATE OF DEATH

3

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

Aug 4 1934

22. I HEREBY CERTIFY That I attended deceased from

August 13th to August 4th 1934

I last saw him alive on...

Aug 7 1934

to have occurred on the date stated above, at 7:50 p.m.

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

Chronic myocarditis
Hypostatic pneumonia
Lobar

Date of onset
5 yrs?
4 days

Other contributory causes of importance:

Chronic nephritis
108

6 months

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? No

If so, specify

(Signed) Thomas P. Wilson, M. D.

(Address) 4105 W. Florissant

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.

1923-1924

The following is a list of the names of the persons who were members of the
 Board of Directors of the [Name of Corporation] during the year 1923-1924.
 The names are listed in alphabetical order of their surnames.
 [Name of Corporation]
 [Address]
 [City, State]
 [Date]