

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

Do not use this space.

31300  
8600

1. PLACE OF DEATH SEP 13 1934

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City *St. Louis Mo.* (No. *2211 Delmar*) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. *2211 Delmar* 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 *54* yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *Male* 4. COLOR OR RACE *Colored* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 17-1880*  
7. AGE YEARS *54* MONTHS *1* DAYS *x* If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*  
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) *St. Louis Mo.* (STATE OR COUNTRY)

13. NAME *Wmoch Balar*

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

15. MAIDEN NAME *Russie Bala*

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

17. INFORMANT *Letha Wright* (ADDRESS) *2211 Delmar*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *Aug 25 34*

19. UNDERTAKER *J. D. James* (ADDRESS) *273x Sheridan*

20. FILED *J. Bredeck* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *8/21/34*, 19*34*  
22. I HEREBY CERTIFY, That I attended deceased from *June 29*, 1934, to *Aug 21*, 1934  
I last saw *him* alive on *Aug 21*, 1934 Death is said to have occurred on the date stated above, at *4:10* a.m.

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

*Pulmonary Consumption*  
*2311*  
Other contributory causes of importance: *53*

Name of operation \_\_\_\_\_ 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? *no* Date of injury *no*, 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) *J. Nathall M.D.* M. D.  
(Address) *601 N. Jefferson*

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

OCCUPATION 21  
MOTHER FATHER 31  
31

