

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

Do not use this space.

OCT 11 1934

791

31486

1. PLACE OF DEATH

County..... Registration District No. **1003**
 Township..... Primary Registration District No. **2**
 City **St. Louis** (No. **City Hospital #2**) St. _____ Ward)

File No.
 Registered No. **8851**
 St. _____ Ward)

2. FULL NAME

(a) Residence, No. **2638 - Paper 22** Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

Length of residence in city or town where death occurred **29** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Aug 6th 1901</i>				
7. AGE	YEARS <i>33</i>	MONTHS <i>0</i>	DAYS <i>25</i>	If LESS than 1 day, hrs. or min.
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. <i>Laborer Buck-yard</i>			
	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) <i>Missouri</i>				
MOTHER FATHER	13. NAME <i>Clara Wellburn</i>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Missouri</i>			
	15. MAIDEN NAME <i>Mary Teller</i>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mo.</i>			
17. INFORMANT (ADDRESS) <i>Judy Curdick 2945 Lawton</i>				
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <i>Father's buck</i> DATE <i>Sept 4</i> 19 <i>34</i>				
19. UNDERTAKER (ADDRESS) <i>Walter and Lou 2769 Shaw-Nease Ave St. Louis</i>				
20. FILED <i>P - 1</i> 1934 REGISTRAR. <i>J. P. Bredeck</i>				

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) *8-31-1934*

2. I HEREBY CERTIFY, That I attended deceased from *4-5-1934* to *8-31-1934*

I last saw him alive on *8-31-1934*. Death is said to have occurred on the date stated above, at *8:15 p.m.*

The principal cause of death and related causes of importance were as follows:
Multiple Abscesses of Lungs (Tuberculous)

Other contributory causes of importance:
23

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) *J. Owen Blache*, M. D.
 (Address) *City Hospital #2*

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.

