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.

SEP 25 1934

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

Do not use this space.

31512

1. PLACE OF DEATH
County St Louis
Township Carondelet
City Koch Mo. (No. ..... St. ..... Ward)
Registration District No. 1123
Primary Registration District No. G248B
File No.
Registered No. 290

2. FULL NAME Eddie Wilson
(a) Residence, No. 1332 N. 8th St. St., Ward Kro. St Louis Mo.
(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 M
4. COLOR OR RACE C
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 10 - 1904
7. AGE YEARS 29 MONTHS 9 DAYS 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) (STATE OR COUNTRY) Arkansas

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Koch Mo. Rockert Koch Hosp. - Records
18. BURIAL, CREMATION, OR REMOVAL
PLACE Anatomical Board DATE 8-7 1934
19. UNDERTAKER (ADDRESS) City ambulance St Louis Mo
20. FILED 7-7- 1934 B F Tate MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-3, 1934
22. I HEREBY CERTIFY, That I attended deceased from 1-18, 1934, to 8-3, 1934
I last saw her alive on 8-3, 1934. Death is said to have occurred on the date stated above, at 11 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	
Multiple lung abscesses	

Other contributory causes of importance: Pulmonary Tuberculosis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Thos. B. Drinnen, M. D.
(Address) Koch Hospital

100M-11-24-33