

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.

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis
Township Central
City Webster Groves (No. St. Louis County Hospital)

OCT 24 1934 790
Registration District No. 60332
Primary Registration District No. 60332
St. St. Louis County Hospital Ward

File No. 34020
Registered No. 311

2. FULL NAME

(a) Residence, No. Bell & Wellington St., Webster Groves Mo. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jay Means</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 12 - 1881</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>5</u>	DAYS <u>29</u>
If LESS than 1 day, hrs. or min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer 12⁰⁰</u>	11. Total time (years) spent in this occupation <u>90⁰³</u>
	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) <u>1933</u>	

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Marshall Miss</u>
	13. NAME <u>Green Means</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>? Miss</u>
	15. MAIDEN NAME <u>Unknown</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>

FATHER	17. INFORMANT (ADDRESS) <u>Jay Means Bell & Wellington</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father's Pickers</u> DATE <u>Sept. 14 1934</u>
	19. UNDERTAKER (ADDRESS) <u>J. C. Lewis W. E. Green</u>
	20. FILED <u>9/14 1934</u> Registrar <u>John D. ...</u>

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/11/34, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 10:15am

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

Provisional anatomical diagnosis: Operation for hernia. Adhesive fibrous pericarditis. Chronic myocarditis. Paralysis of myocardium.

Other contributory causes of importance: 990
Died on operating table, Was given ether anesthetic, and athenoperating table 40 minutes.

Name of operation _____ Date of _____
What test confirmed diagnosis? autopsy 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 Julia D. ... 9/12/34
(Signed) Julia D. ... M. D.
(Address) 3718 Jennings, Rd.
Corona B. ...

