

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

Do not use this space.

OCT 11 1934

**791
1003**

34171

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Infirmary)..... St. Ward)

File No. 8951
Registered No.

2. FULL NAME

(a) Residence, No. City Infirmary St., 13 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 23, 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	78	7	14	

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

13. NAME James Greenwood

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

15. MAIDEN NAME Samantha ?

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

17. INFORMANT J. G. Sullivan (ADDRESS) 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL PLACE Catoxy Cemetery DATE 9/10 1934

19. UNDERTAKER Arthur J. Donnelly (ADDRESS) 3840 Rudell Blvd

20. FILED 7 1934 J. F. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 6 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 9 1934, to Sep 6 1934
I last saw him alive on Sep 6 1934. Death is said to have occurred on the date stated above, at 4:25 P.m.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset 1933
93C
107A
97
Other contributory causes of importance:
Bronchopneumonia 9/4/34
arteriosclerosis 1933

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) Maxim J. Hall, Jr., M. D.
(Address) 5600 Arsenal St.

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.

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