

NOV 13 1934

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

Do not use this space.

37364

## 1. PLACE OF DEATH

County..... Registration District No. **791**  
Township..... Primary Registration District No. **1003**  
City **St. Louis Mo.** (No. **City Hospital #2**)..... St. .... Ward)

File No.....  
Registered No. **9776**

## 2. FULL NAME

(a) Residence, No. **Josephus Harris**  
(Usual place of abode) **4227 - Cass St., Wash. Ward. 11**  
Length of residence in city or town where death occurred **Life** 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

SEX **Male** 4. COLOR OR RACE **Caucas** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 14<sup>th</sup> 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
**60 9 18**

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. **None.**  
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) **St. Louis Mo.**13. NAME **Jasper Pettit**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**15. MAIDEN NAME **Addie Wilkins**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**17. INFORMANT (ADDRESS) **Judy Wenders 9945 - Cass St.**18. BURIAL, CREMATION, OR REMOVAL PLACE **Father Hicks** DATE **Oct 6** 19**34**19. UNDERTAKER (ADDRESS) **J. W. Hughes 2620 Supton**20. FILED **OCT - 6 1934** **J. Bredeck** Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Oct. 2<sup>nd</sup> 1934**22. I HEREBY CERTIFY, That I attended deceased from **9-5-1934** to **10-2-1934**

I last saw her alive on **10-2-1934** Death is said to have occurred on the date stated above, at **12:15 A.M.**

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

**Chronic Nephritis with**  
**Uremia following**  
**Amputation Leg. for chronic**  
**vaporous ulcers of leg**

Other contributory causes of importance:

**12.20**  
**12.20**  
**12.20**

Name of operation **Amputation of Leg.** Date of **10/3/34**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**

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.

WHITE PRINT, WITH IMPROVING TINT—THIS IS A PERMANENT RECORD

