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.

NOV 13 1934

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

Do not use this space.

37600

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 10046

City St Louis Mo. (No. Peoples Hospital St. ..... Ward)

2. FULL NAME John A Booker

(a) Residence, No. 3917 Piggott ave St., N R Ward. East St Louis Ill.
(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 Male

4. COLOR OR RACE Col,

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-10-73

7. AGE YEARS 61 MONTHS 5 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Fire Knocker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Cotton Belt R.R.

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) Miss,

FATHER

13. NAME Albert Booker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss,

MOTHER

15. MAIDEN NAME Edna Suins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss,

17. INFORMANT (ADDRESS) Edna Booker 2926 A Lawton ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickey Am DATE 10-17 1934

19. UNDERTAKER (ADDRESS) Ellis Funeral House 2820 Stoddard st.

20. FILED ....., 19.... J. F. Biedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-11, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10/10/, 1934, to 10/11/, 1934

I last saw him alive on 10/11/, 1934 Death is said to have occurred on the date stated above, at 10:20 P.M.

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

Acute Intestinal
1228 Obstruction,
Cause of obstruction unknown
Dr did not make

Date of onset

Other contributory causes of importance:
Complete Examination

Name of operation 1226 Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) Blair W. Carter M. D.

(Address) Peoples Hospital