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

NOV 13 1934

Do not use this space.

791

37663

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 10110

City St Louis (No. ....., ... St. ..... Ward)

2. FULL NAME George Vincent

(a) Residence, No. 1424-A-Biddle St., 25 Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 36 yrs. 8 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
5. SINGLE, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-1898

7. AGE: YEARS 36 | MONTHS 7 ~~8~~ | DAYS #5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster
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) Kirkwood Mo

FATHER

13. NAME Albie Vincent
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

MOTHER

15. MAIDEN NAME D. K.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) D. K.

17. INFORMANT (ADDRESS) Willester Vincent 1424-A-Biddle St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE National Cem. DATE 10-19 1934

19. UNDERTAKER (ADDRESS) James Funeral Home 2734 Sheridan

20. FILED 11 13 1934 19 Jos F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 15th 1934

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 4:20 A.

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

Date of onset

General Peritonitis, caused by stab wound of abdomen, from knife in the hands of one, John Griffin (Col), at 1849 Biddle St., about 11 P. M. Oct. 1st, 1934.

Other contributory causes of importance:

HOMICIDE.

174

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 10/15, 1934

Where did injury occur? 1849 Biddle St. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Stab wound of Abdomen

Nature of injury Homicide

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) [signature], M.D.

(Address) [signature]

10/18/34