

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.

DEC 13 1934

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

Do not use this space.

1. PLACE OF DEATH

County

Registration District No. 701

Township

Primary Registration District No. 1007

City St. Louis

(No. City St. Louis)

St. 40659

Ward 10589

2. FULL NAME

(a) Residence, No. 207 W. 8th St. 1. Ward.
(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

M

4. COLOR OR RACE

W

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

Single

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

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

June 28, 1914

7. AGE

20

YEARS

4

MONTHS

3

DAYS

If LESS than 1 day, hrs. or min.

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

Butcher

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

Unemployed

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)

Meramec

13. NAME

Aaron Cross

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

St. Louis Mo

15. MAIDEN NAME

Laurine Baby

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

Kansas City Mo

17. INFORMANT (ADDRESS)

Woop Inf M Kent City Wash

18. BURIAL, CREMATION, OR REMOVAL PLACE

Odd Fellows Cem DATE Nov 3 1934

19. UNDERTAKER (ADDRESS)

C. Hoffmeister No 2 Co 1781 1/2 So Broadway

20. FILED

NOV - 3 1934

J. F. Bredeck Registrar

MEDICAL CERTIFICATE OF DEATH

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

10/1 1934

22. I HEREBY CERTIFY, That I attended deceased from

6/29 1934 to 11/1 1934

I last saw him alive on 11/1 1934 Death is said

to have occurred on the date stated above, at 12:30

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

1. Pul Tuberculosis

Other contributory causes of importance:

tuberculosis & grafting

Name of operation

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

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)

R. Kelly M. D.

(Address)

City Wash

