

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

Do not use this space.

FEB 21 1935

45285

1. PLACE OF DEATH

County..... Registration District No. **791**
 Townshp. **St. Louis mo** Primary Registration District No. **1003**
 City..... (No. **City Hospital**) St. Ward)

File No. **U 19**
 Registered No. **19**

2. FULL NAME

(a) Residence, No. **2917 - Lawton Blvd. 21**
 (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** *Colored* **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 3, 1913*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
	<i>21</i>	<i>1</i>	<i>23</i>		

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) *Tenn*

FATHER
13. NAME *Napoleon Hill*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ark*

MOTHER
15. MAIDEN NAME *Clara Scott*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) *Judy Perbeck 2945 - Lawton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Father's Room* **DATE** *Jan 3* 19*35*

19. UNDERTAKER (ADDRESS) *Wesley - 201 2700 Wash St*

20. DATE *JAN 2 1935* 19 *35* **REGISTRAR** *J. Bredeck*

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Dec. 26th* 19*34*

22. I HEREBY CERTIFY, That I attended deceased from *12-23-1934*, to *12-26-1934*
 I last saw him alive on *12-26-1934*. Death is said to have occurred on the date stated above, at *11:40 a.m.*
 The principal cause of death and related causes of importance were as follows:
hemorrhagic encephalitis
 Other contributory causes of importance *Leues*

Name of operation Date of
 What test confirmed diagnosis? *Chemical* 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) *Russell P. Heath* M. D.
 (Address) *2945 - Lawton Blvd*

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.

