

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

Do not use this space.

1369

FEB 19 1935

1. PLACE OF DEATH

County Jackson
Township 1st
City St. Louis (No. General Hosp. #2) St. 3rd Ward

Registration District No. 399

File No. 100
Registered No. 205

2. FULL NAME

(a) Residence, No. 1624 N. 9th St., 3rd 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. da. 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 Helena Robinson (last wife of) Unknown

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>40</u>				

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

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) Miss Unknown

13. NAME Deceased

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Record Clerk (ADDRESS) General Hosp. #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth DATE Jan 17 1935

19. UNDERTAKER Nathan W. Franklin (ADDRESS) 1520 N. 5th St.

20. FILED Jan 17 1935 M. M. Crook Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-13 1935

22. I HEREBY CERTIFY, That I attended deceased from 11-24 1934, to 1-13 1935
I last saw him alive on 1-13 1935 Death is said to have occurred on the date stated above, at 140 P.M.

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

Hypostatic Pneumonia (neither Broncho or Cereb.)
1240

Other contributory causes of importance:
Atrophic Cirrhosis of Liver (Alcoholic)

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 _____ 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) O. C. Brown M. D.
(Address) General Hosp. #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.

