

MAR 5 1935

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. 781
1003

Township.....

Primary Registration District No. 1003City St. Louis (No. City St. Louis)File No. 7048Registered No. 1458

St. Ward)

2. FULL NAME

(a) Residence, No. 5337 Delmar Blvd. St. 17 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) March 17 18887. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
48 10 238. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil

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) St. Louis Mo13. NAME Geo. McCannock14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois15. MAIDEN NAME Lucine Calving16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England17. INFORMANT (ADDRESS) Woop Inf. M. Dept. City St. Louis18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter's, Feb 12 3519. UNDERTAKER (ADDRESS) St. Peter's, 1225 N. 1st St. St. Louis20. FILED 11 1935 Registrar. Y. Predeck

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/10, 193522. I HEREBY CERTIFY, That I attended deceased from 2/8, 1935, to 2/10, 1935.I last saw him alive on 2/10, 1935. Death is saidto have occurred on the date stated above, at 6:40 a.m.

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

Pulmonary Tuberculosis Date of onset

Other contributory causes of importance:

Name of operation..... 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?.....

If so, specify.....

(Signed) T. J. Pritchard, M. D.(Address) City St. Louis

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.

WRITE PERMANENT, WITH UNFADING INK—THIS IS A PERMANENT RECORD

