

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

Do not use this space.

APR 29 1935

14437

1. PLACE OF DEATH

County \_\_\_\_\_ Registration District No. **791**  
Township \_\_\_\_\_ Primary Registration District No. **1003**  
City **St. Louis, Mo.** (No. **City Hospital**)

File No. \_\_\_\_\_  
Registered No. **3266**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. **2692 - Pine St.** **21** Ward.  
(Usual place of abode)

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **Male** 4. COLOR OR RACE **Negro** 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) **Jan 14 1881**

7. AGE YEARS **54** MONTHS **3** DAYS **1** If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION

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

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

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) **Ky.**

MOTHER

13. NAME **Unknown**

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

15. MAIDEN NAME **Sarah Pittman**

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

17. INFORMANT **Quity Pearlman** (ADDRESS) **2945 - Rawlins**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Father's Burial** DATE **Apr. 9th** 19**35**

19. UNDERTAKER (ADDRESS) **Garner & Lore 7nd. St. 7109 Washington Blvd.**

20. FILED **119 - 9 1935** 19 **J. A. Bredek** Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 22nd** 19**35**

22. I HEREBY CERTIFY, That I attended deceased from **3 - 23 - 1935**, to **4 - 2 - 1935**. I last saw him alive on **4 - 2 - 1935**. Death is said to have occurred on the date stated above, at **1:20 A.**

The principal cause of death and related causes of importance were as follows:  
**Aortic Regurgitation**  
**Coronary Artery Disease**  
**Hypertension**

Other contributory causes of importance: **920**

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 **Russell Smith** M. D. (Signed) **2945 - Rawlins Blvd** (Address)

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.

