

JUN 12 1935

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

Do not use this space.

18321

1. PLACE OF DEATH

County..... Registration District No. **291**
Township..... Primary Registration District No. **1008**
City *St. Louis Mo.* (No. *City, No. 1008*)

File No. **4673**
Registered No. **4673**
St. Ward)

2. FULL NAME

(a) Residence, No. **2945 - Elm** 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 **15** 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) *Widower*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 6th 1935*

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

22. I HEREBY CERTIFY, That I attended deceased from *4-28-1935* to *5-16-1935*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 4th 1887*

I last saw him alive on *8-6-1935* Death is said to have occurred on the date stated above, at *2:35 A.*

7. AGE YEARS *47* MONTHS *10* DAYS *20* If LESS than 1 day, hrs. or min.

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

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

*Peritonitis
non tuberculous
non suppurative
Cause unknown*

Date of onset *4-28-35*

Other contributory causes of importance: *129*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *La.*

Name of operation..... Date of.....
What test confirmed diagnosis? *Clinical* Was there an autopsy? *No*

13. NAME *Charles Thomas*

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?..... Date of injury....., 19.....

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

Where did injury occur?..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

15. MAIDEN NAME *Mattie Smith*

Manner of injury.....
Nature of injury.....

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

24. Was disease or injury in any way related to occupation of deceased? If so, specify.....

17. INFORMANT *July Perdue*

(Signed) *J. Owen Blache* M. D.
(Address) *2945 - Elm Blvd*

18. BURIAL, CREMATION, OR REMOVAL PLACE *St. Louis* DATE *5-7* 19*35*

19. UNDERTAKER *Walter Richter*

(ADDRESS) *3500 Taylor St*

20. FILED *J. Bredeck*

MAY 25 1935 Registrar.

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.

