

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.

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

Do not use this space.

**JUL 12 1935**

**791  
1003**

21541

**1. PLACE OF DEATH**

County..... Registration District No. ....  
Township..... Primary Registration District No. ....  
City St. Louis (No. City Street # 1) ..... St. .... Ward) 174496

File No. ....  
Registered No. 5501 .....  
St. .... Ward) .....

**2. FULL NAME**

(a) Residence, No. 1391 n Drumville Ward ..... (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. 6 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) June 22 - 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
0 6 3

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

MOTHER 13. NAME John Hargrove

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

15. MAIDEN NAME Laura Wright

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leicester Mo

17. INFORMANT Wm J. ... (ADDRESS) City

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvaron Co DATE June 27 1935

19. UNDERTAKER Fred ... (ADDRESS) 4535 ...

20. FILED JUN 27 19 35 Registrar. A. Bredeck

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6/25 1935

22. I HEREBY CERTIFY, That I attended deceased from 6/22 1935 to 6/25 1935

I last saw him alive on 6/25 1935. Death is said to have occurred on the date stated above, at 4:55 m.

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

Premature  
15A  
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 H. F. Inaltrough (Signed)..... M. D.

(Address) City, St. Louis #1

