

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.

AUG 23 1935

24312

1. PLACE OF DEATH

County St. Louis Co Registration District No. 190  
Township Central Primary Registration District No. 60383  
City Clayton (No. St. Louis Co Hoop) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 209

2. FULL NAME

(a) Residence, No. Milwaukee ave St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Unavailable ds. 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, DIVORCED, OR SEPARATED  
HUSBAND OF (OR WIFE OF) Mollie Trout

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown Abt. 1869

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
About 66

OCCUPATION 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. Unemployed  
10. Date deceased last worked at this occupation (month and year) Unavailable 11. Total time (years) spent in this occupation. Unk.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forestell Missouri

FATHER 13. NAME Unavailable-Trout

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

MOTHER 15. MAIDEN NAME Ellen-Unavailable

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unavailable Missouri

17. INFORMANT (ADDRESS) Mrs. Jessie Beal

18. BURIAL, CREMATION, OR REMOVAL PLACE Father Dickson DATE July 19th 1935

19. UNDERTAKER (ADDRESS) Charles J. Bates  
4107 Finney Avenue

20. FILED 7/18 1935 W. J. Reynolds Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15th, 1935.

22. I HEREBY CERTIFY, That I attended deceased from 7-6 1935 to 7/15 1935

I last saw him alive on 7/15/35 19\_\_\_\_. Death is said to have occurred on the date stated above, at 10:52 Am.

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

Chronic Myocarditis & Decompensation Date of onset \_\_\_\_\_

Other contributory causes of importance:

Terminal Pneumonia (Bronchial)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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? no (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) J. G. Buss, M. D.

(Address) St. Louis Co. Hoop Clayton, Mo.

1950-1951

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