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.

SEP 16 1935

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

Do not use this space.

25136

File No.

Registered No. 6772

1. PLACE OF DEATH

County St Louis — Registration District No. 791

Township — Primary Registration District No. 1003

City St Louis Mo (No. City Hospital #2 St. Ward)

2. FULL NAME Eugene Black

(a) Residence, No. 2229 Chestnut St Ward. 21 (If nonresident, give city or town and State)
(Usual place of abode)

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: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): unknown

7. AGE: Years: About 69 — Months: — Days: — If LESS than 1 day, ...hrs. or ....min.

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.:

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

FATHER

13. NAME: unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

MOTHER

15. MAIDEN NAME: unknown

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

17. INFORMANT (ADDRESS): George Brown 2229 Chestnut

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Father Dickson DATE: Aug 8 1935

19. UNDERTAKER (ADDRESS): A. L. Berglund Co 2726 Lucas

20. FILED: AUG — 8 1935 19.... G. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 30th 1935

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 12:00 Noon

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

	Date of onset
Hypostatic Pneumonia, Chronic Myocarditis with Fracture of Rt. Femur, sustained in fall from roof to yard below.	
ACCIDENT.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, ~~Suicide or Homicide~~ ..... Date of injury 6/3/ 1935

Where did injury occur? St. Louis, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Home

Manner of injury Fall from roof of building

Nature of injury Fractured Femur.

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Fergus [illegible] M. D.

(Address) [illegible]

8/3/35