

SEP 16 1935

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

Do not use this space.

791

27713

1003

1. PLACE OF DEATH

County St. Louis Registration District No. 1003
Township St. Louis Primary Registration District No. 1003
City St. Louis (No. 1003) St. Louis Children's Hosp.

File No. 27713
Registered No. 6757
St. 11 Ward 11

2. FULL NAME

(a) Residence, No. 4237 1/2 West Belle Ward 11

(Usual place of abode)

(If nonresident, give city or town and State)

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

SEX <u>Male</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23, 1927</u>		
7. AGE	YEARS <u>7</u>	MONTHS <u>10</u>
	DAYS <u>13</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Student</u>	
	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) <u>Jan 1935</u>	
	11. Total time (years) spent in this occupation <u>13 1/2</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis mo</u>		
MOTHER FATHER	13. NAME <u>Jas. H. Cooper</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mexico mo</u>	
	15. MAIDEN NAME <u>Virgie Bradford</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Cleveland Ohio</u>	
17. INFORMANT (ADDRESS) <u>Jas. H. Cooper 4237 1/2 West Belle St</u>		
18. BURIAL OR REMOVAL PLACE <u>Washington Park</u> DATE <u>Aug 25 1935</u>		
19. UNDERTAKER (ADDRESS) <u>4107 Franklin Ave</u>		
20. FILED <u>AUG - 17 1935</u> <u>J. H. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6th 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 11:30 A.M.

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

Chronic Osteomyelitis,
Chronic Pericarditis, Chronic
Parenchymatous Nephritis.

Date of onset 13 1/2

Other contributory causes of importance:
Osteomyelitis non I.B.
cause unknown non trauma

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 _____

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 _____

(Signed) Harold J. Phelps M. D.
4734 (Address) St. Louis

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.

RECORDING INFORMATION IS A PERMANENT RECORD

