

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

Do not use this space.

SEP 16 1935

28136

1. PLACE OF DEATH

County.....
 Township.....
 City St. Louis Mo.

Registration District No. **791**
 Primary Registration District No. **1008**
 City Hospital No. **2**

File No.
 Registered No. **7313**
 St. Ward)

2. FULL NAME

(a) Residence, No. 1327 - Blair 25 Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>Negro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 15th 1903</u>		
7. AGE	YEARS <u>32</u>	MONTHS <u>1</u>
	DAYS <u>12</u>	IF LESS than 1 day, hrs. or min. <u>25</u>
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Labourer</u>	
	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) <u>Tenn.</u>		
FATHER	13. NAME <u>Charley Blue</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
MOTHER	15. MAIDEN NAME <u>Rachael Person</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Tenn.</u>	
17. INFORMANT <u>Guy DeLoach</u> (ADDRESS) <u>2945 - Leavitt</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>CITY CEMETERY</u> DATE <u>8/29/35</u>		
19. UNDERTAKER <u>Daniel Karassan</u> (ADDRESS) <u>City Hospital</u>		
20. FILED <u>AUG 28 1935</u> <u>J. Bredeck</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 20th 1935

22. I HEREBY CERTIFY, That I attended deceased from 4-27-1935 to 8-20-1935
 I last saw him alive on 8-20-1935 Death is said to have occurred on the date stated above, at 4:05 P.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis

Other contributory causes of importance: 23

Name of operation..... Date of.....
 What test confirmed diagnosis? Chemical 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....., 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 James B. Wiggins, M.D.
 (Signed) James B. Wiggins
 (Address) 2945 - Leavitt Blvd.

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.

