

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

Do not use this space.

NOV 2 1935

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1003

31246

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *9632*)

Registration District No.
Primary Registration District No.

File No.
Registered No. **8046** St. Ward)

2. FULL NAME

(a) Residence, No. *2314* *North* St. Ward. *21*

(Usual place of abode) Length of residence in city or town where death occurred *40* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>M</i>	4. COLOR OR RACE <i>Colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>		
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. <i>abt 45</i>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Janitor</i>	
	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) <i>St. Louis, Missouri</i>		
MOTHER	13. NAME <i>Mrs. Brown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo</i>	
	15. MAIDEN NAME <i>Emma Carter</i>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo</i>	
	17. INFORMANT (ADDRESS) <i>Wm. J. ... City St. Louis</i>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Father's ...</i> DATE <i>Sept 25 1935</i>		
19. UNDERTAKER (ADDRESS) <i>Theo. Perkins 3304 ...</i>		
20. FILED <i>SEP 25 1935</i> REGISTRAR <i>J. Bredeck</i>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept 21, 1935*

22. I HEREBY CERTIFY, That I attended deceased from *8/13*, 19*35*, to *Sept 21, 1935*. I last saw *him* alive on *9/21/35*. Death is said to have occurred on the date stated above, at *1125*. The principal cause of death and related causes of importance were as follows:
chronic alcoholism & deterioration

Other contributory causes of importance:
toxic exhaustive psychosis

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?..... (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) *W. L. Harris*, M. D.
(Address) *City St. Louis*

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.

