

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

100-1-25-31

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.

JUN 13 1936

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

Do not use this space.

791
1003

41812

1. PLACE OF DEATH

County.....
Township.....
City *St. Louis* (No. *903 S 9th*)

Registration District No.....
Primary Registration District No. *1003*

File No.....
Registered No. *11061*
St. Ward)

2. FULL NAME

(a) Residence, No. *903 S 9th* St., *22* Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Male* 4. COLOR OR RACE *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Single*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Mar. 16-1913*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
22 9 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Porter work*
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) *Miss*

13. NAME *Will Carter*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Georgia*

15. MAIDEN NAME *Lela Parker*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Miss*

17. INFORMANT *Will Carter* (ADDRESS) *903 S 9th St*

18. BURIAL-CREMATATION, OR REMOVAL *Washington Park* DATE *13/28/36*

19. UNDERTAKER *L. V. Atkins* (ADDRESS) *3517 Delmar St.*

20. FILED *DEC 28 1936* *J. F. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12/22/36*

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 *9:00 p.m.*
The principal cause of death and related causes of importance were as follows:

Acute Appendicitis
Chronic Arteriosclerotic Nephritis
Acute Uebermucositis (Wrist Appendicitis)
Other contributory causes of importance:
121

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..... 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.....

(Signed) *Harold Wilkey* M. D.
(Address) *St. Louis*

