

FEB 11 1936

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

Do not use this space.

791

3073

1. PLACE OF DEATH

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

File No. 274

Registered No. 274

2. FULL NAME

(a) Residence, No. *4321 Kemmerly St. 11* Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *3 yrs. 5 mos. 22 ds.* How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|------------------------------------|--|
| 3. SEX <i>Male</i> | 4. COLOR OR RACE <i>Colored</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Single</i> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>July 15th '32</i> | | |
| 7. AGE | YEARS <i>3</i> | MONTHS <i>5</i> |
| | DAYS <i>22</i> | IF LESS than 1 day, hrs. or min. |

| | | |
|------------|---|---|
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>child</i> | 11. Total time (years) spent in this occupation |
| | 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) | |

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis, Mo.*13. NAME *Carl Conway*14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Saint Louis, Missouri*15. MAIDEN NAME *Cara Wood*16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*17. INFORMANT (ADDRESS) *L. K. Blum*18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *Jan. 9th, 1936*19. UNDERTAKER (ADDRESS) *Charles G. Gatter*20. FILED *5107 Twenty Avenue*19 *St. Predeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-7-1936*22. I HEREBY CERTIFY, That I attended deceased from *1-6-1936*, to *1-7-1936*, 19*36*I last saw him alive on *1-7-1936* Death is saidto have occurred on the date stated above, at *10:40 a.m.*

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

Bronchial asthma
Bronchialitis or
(Capillary Bronchitis)

Date of onset

*1-4-36**1-4-36*

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....., 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) *R. J. Blatter*, M. D.(Address) *560 So. Kingshighway*

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.

