

APR 23 1936

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

Do not use this space.

11069

1. PLACE OF DEATH

County Jackson
Township St. Louis
City St. Louis (No. General Hosp #2)

Registration District No. 399Primary Registration District No. 1002

File No.
Registered No. 11069
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 218 Forest St. Ward.

(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

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Lola Terria6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-7-18997. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 10 208. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor9. 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 occupation12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Canada13. NAME Unknown14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.15. MAIDEN NAME Anetia Unk16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk17. INFORMANT (ADDRESS) Record Clerk, General Hospital #218. BURIAL, CREMATION, OR REMOVAL PLACE Highlands DATE April 2619. UNDERTAKER (ADDRESS) Watkins Bros20. FILED Apr 31 1936 M. G. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-27, 193622. I HEREBY CERTIFY, That I attended deceased from 3-18, 1936, to 3-27, 1936I last saw him alive on 3-27, 1936 Death is said to have occurred on the date stated above, at 11:10 P. M.

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

Lobar Pneumonia (Right) Date of onset 108

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No23. 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) A. P. ... D.
(Address) General Hosp #2

