

APR 11 1936

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

Do not use this space.

## CERTIFICATE OF DEATH

ISOLATION HOSPITAL 791

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City *Saint Louis* (No.....)

1003

12646

File No.....

Registered No. 2682

St..... Ward.....

## 2. FULL NAME

*Edward Black*(a) Residence, No. *1112 S. 8th Street* St., *22* Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *11* 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

*White*

## 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

*Married*

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

*Minnie Black*

## 6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

*Sept 22 1865*

## 7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

*70**70**5**16*

## OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

*Retired*

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)

*Tennessee*

## 13. NAME

*E. B. Black*

## 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Tenn*

## 15. MAIDEN NAME

*Unknown*

## 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

*Unknown*

## 17. INFORMANT (ADDRESS)

*A. E. Rully 5600 Arundel*

## 18. BURIAL, CREMATION, OR REMOVAL

PLACE *Murphystown Ill* DATE *March 13<sup>th</sup> 1936*

## 19. UNDERTAKER (ADDRESS)

*Albion R. Hoff Inc - 229 S. Euclid Ave -*

## 20. FILED

MAR 10 1936

*H. Bredecke*

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 10 1936*22. I HEREBY CERTIFY, That I attended deceased from *Feb. 17*, 1936, to *Mar. 10*, 1936I last saw him alive on *Mar. 10*, 1936. Death is saidto have occurred on the date stated above, at *2:15 a.m.*

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

*Empyema*Date of onset  
*2-11-36*

Other contributory causes of importance:

*Bronchopneumonia* *3-10-36*

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) *Henry J. Ylonda* M. D.(Address) *ISOLATION HOSPITAL*

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.

