

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.

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

Do not use this space.

MAY 7 1938

791

13430

1. PLACE OF DEATH

County St. Louis
Township St. Louis
City St. Louis (No. 420230)

Registration District No. 1003
Primary Registration District No. 1003

File No. 3531
Registered No. 3531
St. St. Louis Ward 1

2. FULL NAME

(a) Residence, No. 1000 Street Wentworth Ward 23
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 5 4. COLOR OR RACE 25 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13, 1898

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 1 14 17

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. stoker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. huf.
10. Date deceased last worked at this occupation (month and year) April 2, 1938 11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER FATHER
13. NAME Andrew Stewart

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

15. MAIDEN NAME Elizabeth (unk)

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

17. INFORMANT (ADDRESS) John J. [unclear]

18. BURIAL, CREMATION, OR REMOVAL PLACE Lakewood DATE April 2, 1938

19. UNDERTAKER (ADDRESS) R.H. [unclear]

20. FILED APR 1 1938 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/21/38

22. I HEREBY CERTIFY, That I attended deceased from 3/24 1938, to 3/21/38, 1938
I last saw him alive on 3/21/38 Death is said to have occurred on the date stated above, at 4:30 p.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia
Other contributory causes of importance: 108
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 _____, 1938
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) Ralph N. Barlow M. D.
(Address) St. Louis

