

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

Do not use this space.

MAY 6 1936

17697

1. PLACE OF DEATH

County _____ Registration District No. **791**

Township _____ Primary Registration District No. **1003**

City St. Louis (No. 5926 McPherson)

File No. _____

Registered No. **4480**

St. _____ Ward _____

2. FULL NAME

John Sullivan Black

(a) Residence, No. 5926 McPherson St., 78th Ward. 5 (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 White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary E. Black (Koppel) (Mollie)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1872

7. AGE YEARS 64 MONTHS 2 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

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

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) 1-9-32 11. Total time (years) spent in this occupation 29y

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Decatur, Illinois

13. NAME John H. Black

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton, Ohio

15. MAIDEN NAME Elizabeth McDonald

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

17. INFORMANT (ADDRESS) John S. Black Jr
5926 McPherson

18. BURIAL, CREMATION, OR REMOVAL PLACE Cemetery DATE April 25 1936

19. UNDERTAKER (ADDRESS) James F. Thomas & Co
1493 Michigan Ave

20. FILED APR 24 1936 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/22 1936

22. I HEREBY CERTIFY, That I attended deceased from since 1931 1931 to 4/22 1936

I last saw him alive on 4/22 1936. Death is said to have occurred on the date stated above, at 8:00 a.m.

The principal cause of death and related causes of importance were as follows:
acute dilatation of heart Date of onset 4/22/36
956

Other contributory causes of importance:
Cardiac asthma extending over a period of about 5 yrs

Name of operation none 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 _____ 1936

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) Dr. O. W. Mills, M. D.
(Address) 5938 Kingsport

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.

