

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

Do not use this space.

JUN 5 1936

20848

1. PLACE OF DEATH

County Registration District No. **791**
Township City Hospital No. **21003**
City *St. Louis Mo.* (City Hospital No. **21003**)
St. Ward)

File No.
Registered No. **5038**
St. Ward)

2. FULL NAME

(a) Residence, No. *1827 - Ave* St. *21* Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred *5* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>Male</i>	4. COLOR OR RACE <i>Negro</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>Apr. 12 1916</i>		
7. AGE YEARS <i>20</i>	MONTHS <i>11</i>	DAYS <i>8</i>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Carter</i>		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Arkansas</i>		
FATHER	13. NAME <i>Andrew Sanders</i>	
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mississippi</i>	
	15. MAIDEN NAME <i>Patricia (?) unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mississippi</i>	
17. INFORMANT (ADDRESS) <i>Father Spencer 2945 - 2 av</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Father Spencer</i> DATE <i>5-9</i> 19 <i>36</i>		
19. UNDERTAKER (ADDRESS) <i>Jas. H. Randle & Son 922 no Leonard ave</i>		
20. FILED <i>J. F. Bredeck</i> Registrar. MAY 9 - 1936		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 3rd 1936*

22. I HEREBY CERTIFY, That I attended deceased from *8-9-1935* to *5-3-1936*

I last saw him alive on *5-3-1936* Death is said to have occurred on the date stated above, at *1:00 A.M.*

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

Date of onset *8-9-36*

Other contributory causes of importance:
Purulent Cystitis

Name of operation Date of
What test confirmed diagnosis? *Clinical* 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 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) *J. B. Harris* M. D.
(Address) *2945 - 2 av*

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.

