

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

Do not use this space.

JUN 5 1936

20944

1. PLACE OF DEATH

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis mo.** (No. **Barnes Hosp.**)

File No.....
Registered No. **5145**
St. Ward)

2. FULL NAME

(a) Residence, No. **1400** **Venple** St. **6** Ward.

(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 <i>male</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>married</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Annd Davis</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>unk</i>		
7. AGE YEARS <i>ab 60</i>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>salesman</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. <i>retail dry goods</i>		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>Warren Poland</i>		
MOTHER	13. NAME <i>Abraham David</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>	
	15. MAIDEN NAME <i>Esther Gordon</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Poland</i>	
17. INFORMANT (ADDRESS) <i>Lawrence Davis 1400 Venple</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Graves Greenwood</i> DATE <i>5/13 1936</i>		
19. UNDERTAKER (ADDRESS) <i>W. C. Berger 4715 McPherson</i>		
20. FILED <i>J. F. Bredeck</i> MAY 13 1936 Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 17 1936*

22. I HEREBY CERTIFY, That I attended deceased from *1-27 1936 to 5-12 1936*

I last saw him alive on *5-12 1936* Death is said

to have occurred on the date stated above, at *8 A.M.*

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

*Osteomyelitis of Skull. Date of onset 1 yr. ago.
non-traumatic
lesion of cranium
performed 18 months ago
for malignant tumor*

Other contributory causes of importance:

53

Name of operation *Osteotomy of Skull* Date of *Feb 27 1936*

What test confirmed diagnosis? *Clinical* Was there an autopsy? *yes*

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? *No.*

If so, specify

(Signed) *Robert S. Smith*, M. D.

(Address) *Barnes Hospital*

