

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

Do not use this space.

JUN 6 1936

21435

1. PLACE OF DEATH

County.....
 Township.....
 City *St. Louis* No. *City Hospital No. 2*
 Registration District No. **791**
 Primary Registration District No. **1003**

File No.....
 Registered No. **5676**
 St. Ward)

2. FULL NAME

(a) Residence, No. *3033 - Franklin Ward. 21*
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred *4 1/2* 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 *Negro* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed* (write the word)

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
<i>About</i>	<i>52</i>			

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *(Railroad Man)*
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Printer*
 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) *Missouri*

13. NAME *Chas. Hideout*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Mo*

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Judy C. Beard*
 (ADDRESS) *2743 - Lawton*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Washington Park* DATE *May 31 1936*

19. UNDERTAKER *Poplar, Wash. Co.*
 (ADDRESS) *3100 - Franklin*

20. FILE **MAY 29 1936** *J. K. Beck*

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 26th 1936*

22. I HEREBY CERTIFY, That I attended deceased from *5-15-1936* to *5-26-1936*

I last saw him alive on *5-26-1936* 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:

General paresis due to Syphilis
 Other contributory causes of importance: *83*

Date of onset *5-15-36*

Name of operation..... Date of.....
 What test confirmed diagnosis? *Chincol* 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) *James B. Harris*, M. D.
 (Address) *2943 Franklin*

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.

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