

JUN 22 1936

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

Do not use this space.

791

24481

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis Mo*

Registration District No.....
Primary Registration District No.....
City Hospital No. *2*

File No.....
Registered No. *6098*
St..... Ward.....

2. FULL NAME

(a) Residence, No. *3136 - 2nd* 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 (write the word) *Widower*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 28 - 1893*

7. AGE YEARS *43* MONTHS *4* DAYS *14* If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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)
11. Total time (years) spent in this occupation
Patrol Common

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo*

13. NAME *William Stephens*

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

15. MAIDEN NAME *Jose Washington*

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

17. INFORMANT (ADDRESS) *John C. Redempt*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Natural Cem.* DATE *6 - 16* 19*36*

19. UNDERTAKER (ADDRESS) *Pennington Co 3100 Eastern Ave*

20. FILED *JUN 15 1936* *J. P. Bredeck* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 12 1936*

22. I HEREBY CERTIFY, That I attended deceased from *5 - 15 - 1936*, to *6 - 12 - 1936*

I last saw him alive on *6 - 12 - 1936* Death is said to have occurred on the date stated above at *11:15 a.m.*

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

Pulmonary Tuberculosis
Other contributory causes of importance: *None*

Date of onset *5-15-36*

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) *A. B. Hession*, M. D.
(Address) *2940 Newton*

