

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

Do not use this space.

JUL 14 1936

24564

1. PLACE OF DEATH

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

Registration District No. **791**
Primary Registration District No. **1003**
City Hospital No. 2

File No.....
Registered No. **6184**
St. Ward)

2. FULL NAME

(a) Residence, No. *1917 1/2 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 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>married</i>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Harriett McQuay</i>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Mar. 27th 1883</i>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs or min.
	<i>53</i>	<i>2</i>	<i>17</i>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Labacker</i>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>Common</i>			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 14th 1936*

22. I HEREBY CERTIFY, That I attended deceased from *5-28-36*, 1936, to *6-14-36*, 1936

I last saw him alive on *6-14-36*, 1936 Death is said to have occurred on the date stated above, at *6:14 p.m.*

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

Date of onset *5-28-36*

Other contributory causes of importance: *1/21*

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

13. NAME *Alexander McQuay*

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

15. MAIDEN NAME *ora Unknown*

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

17. INFORMANT (ADDRESS) *Juby Pudeaux 2945 - Lawton*

18. BURIAL, CREMATION, OR DISPOSAL PLACE *Washington Park* DATE *6/20/1936*

19. UNDERTAKER (ADDRESS) *Garner 2829 Washington*

20. FILED **JUN 17 1936** *J. F. Bredeck* Registrar.

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) *Geo. B. Harris*, M. D.
(Address) *2945 Lawton*

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.

1 X704

