

AUG 24 1936

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

Do not use

26740

1. PLACE OF DEATH

County Jackson  
Township St. Louis  
City St. Louis

Registration District No. 399  
Primary Registration District No. 1002  
General Hosp #2

File No. \_\_\_\_\_  
Registered No. 3124  
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 575 Harrison St. Ward. \_\_\_\_\_  
(Usual place of abode)

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 Male  
4. COLOR OR RACE Colored  
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7-4-1904  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 32 — 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Dont Know  
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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

13. NAME Dont Know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Record Clerk

18. BURIAL, CREMATION, OR REMOVAL PLACE Leeds Cemetery DATE July 21 1936

19. UNDERTAKER (ADDRESS) Hest, Appleton & James  
1600 E. 49th St  
July 20, 1936 M. M. Grover  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-16, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7-14, 1936 to 7-16, 1936

I last saw him alive on 7-16, 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.

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

Strangulated Right Inguinal Hernia (Operated)

Other contributory causes of importance: Generalized Peritonitis  
Broncho Pneumonia

Name of operation Hernioplasty Date of 7/14/36  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. S. Dwyer, M. D.  
(Address) General Hosp #2

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

