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.

AUG 18 1936

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

Do not use this space.

29240

791

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. 2 Registered No. 8026

City St. Louis (No. City Hospital No. 2 ..... St. ..... Ward)

2. FULL NAME Thomas Sales

(a) Residence, No. 6109 Idaho St., / Ward. (If nonresident, give city or town and State)
(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: Negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Maggie Sales

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 15, 1865

7. AGE: YEARS 71 | MONTHS 4 | DAYS 13 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Common

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): St. Louis, Mo.

FATHER

13. NAME: Thomas Sales, Sr.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ala

MOTHER

15. MAIDEN NAME: Mary Cook

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Md.

17. INFORMANT (ADDRESS): Ruby Perdeau 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Pk. DATE August 2 1936

19. UNDERTAKER (ADDRESS): Charles J. Gates 4107 Finney ave

20. FILED JUL 30 1936 19 J. F. Bhedeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 28, 1936

22. I HEREBY CERTIFY, That I attended deceased from 7 - 22 - 1936, to 7 - 28 - 1936

I last saw him alive on 7 - 26 - 1936. Death is said to have occurred on the date stated above, at 11:25 P. M.

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

ARTERIOSCLEROTIC HEART DISEASE — Date of onset 7-25-36

95 b 2

Other contributory causes of importance:

Name of operation ..... Date of .....

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? .....

If so, specify .....

(Signed) J. Owen Blache, M. D.

(Address) 2945 Lawton