

SEP 15 1936

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

Do not use this space.

32610

1. PLACE OF DEATH St. Mary's Infirmary

791

County.....

Registration District No.....

1003

Township.....

Primary Registration District No.....

City St. Louis

(No. 5336 St. Mary's Infirmary)

File No.....

Registered No. 8483

St. _____ Ward _____

2. FULL NAME Willie D. Merriweather

(a) Residence, No. 3059 a Sheridan St., 21 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. 4 mos. 21 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 21, 1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
3 4 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Child
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) St. Louis (STATE OR COUNTRY) Missouri

13. NAME Willie Merriweather

14. BIRTHPLACE (CITY OR TOWN) Westport (STATE OR COUNTRY) Miss.

15. MAIDEN NAME Mary Clape

16. BIRTHPLACE (CITY OR TOWN) Westport Miss. (STATE OR COUNTRY)

17. INFORMANT Cutie Merriweather - Mother (ADDRESS) 3059 a Sheridan

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE Aug 15 1936

19. UNDERTAKER A.F. WALTON (ADDRESS) 2707 S TODD ST.

20. FILED AUG 15, 1936 J. Bredeck Registrar.

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

22. I HEREBY CERTIFY, That I attended deceased from August 2, 1936, to August 12, 1936

I last saw him alive on August 12, 1936 Death is said

to have occurred on the date stated above, at 6:50 P.M.

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

Acute-Subacute Intoxication

Other contributory causes of importance:

Broncho-Pneumonia

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

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) M. Foster, M. D.

(Address) St. Marys Infirmary

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

