

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

Do not use this space.

DEC 3 1936

791
1008

39888

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... St. Louis, No. City Hospital No. 1 St. Ward)
B. 11186 Everett Bess

2. FULL NAME

(a) Residence, No. 120 E. Grand St., 9 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 white
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) August 10, 1936
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 2 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil
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) St. Louis, Missouri

13. NAME? Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Mary Bess
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brookfield, Missouri

17. INFORMANT Hosp. Info. M.H.Kent
(ADDRESS) City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL
- PLACE FRIEDENS DATE 11/3 1936

19. UNDERTAKER W.A. STOCK UND. Co.
(ADDRESS) 2117 E. GRAND BLVD.

20. FILED NOV 3 1936 J. H. Bredbeck Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/31/36 .19
22. I, HEREBY CERTIFY That I attended deceased from 10/16/36 to 10/31/36, 19...
I last saw her alive on 10/31/36, 19... Death is said to have occurred on the date stated above, at 3.55 P.M.

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

*Death cause unknown
Bronchopneumonia*

Other contributory causes of importance:

*J.C. Optician
Harold Hea*

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

What test confirmed diagnosis?..... Was there an autopsy?.....

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. K. Smith*, M. D.

(Address) City Hospital No. 1

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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

FORM 1 X7044

