

JAN 20 1937

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791  
Township..... Primary Registration District No. 1008  
City St. Louis, Mo (No. Missouri Pacific Dep.)  
Registered No. 43318  
St. .... Ward 12024

2. FULL NAME

(a) Residence, No. 4245 W. COOK St. 11 Ward.....  
(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 <u>M</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Georgia Stenerson</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 6 - 1899</u>				
7. AGE YEARS <u>44</u>	MONTHS <u>3</u>	DAYS <u>24</u>	If LESS than 1 day, ..... hrs. or ..... min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Waiter</u>			
	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.....	
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Thomas Virgin Islands</u>			
	13. NAME <u>Not Known</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virgin Islands</u>			
	15. MAIDEN NAME <u>Not Known</u>			
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virgin Islands</u>			
	17. INFORMANT <u>Georgia Stenerson</u> (ADDRESS) <u>37 Kingsbury Place</u>			
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington, D.C.</u> DATE <u>12-8-36</u>			
19. UNDERTAKER <u>J. B. Anderson</u> (ADDRESS) <u>2600 N. Jefferson</u>				
20. FILED <u>79186</u> <u>J. F. Bredeck</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 30 1936

22. I HEREBY CERTIFY, That I attended deceased from Nov. 29, 1936, to Nov. 30, 1936  
I last saw h. i. m. alive on Nov - 30, 1936 Death is said to have occurred on the date stated above, at 12:50 AM  
The principal cause of death and related causes of importance were as follows:  
Date of onset

Acute Intestinal by appendicitis obstruction caused by 10-26-36  
Acute Peritonitis 11-26-36

Other contributory causes of importance:  
Died during Ether Anesthesia 121

Name of operation Laparotomy Date of 10-27-36  
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? No  
If so, specify JA Fenwick, M. D.  
(Signed) JA Fenwick  
(Address) 1755 S. BRAND

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.

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