

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

Do not use this space.

43355

**1. PLACE OF DEATH**

County St. Louis Registration District No. 1123  
Township Carondelet Primary Registration District No. 6248B  
City Koch, Mo. (No. Koch, Hosp.) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 438

**2. FULL NAME**

Albert West  
(a) Residence, No. 2738A Hickory St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. 31 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE Wego 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Winnie Cobbs  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 3-10-109  
7. AGE YEARS 27 MONTHS 8 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Printing Plant  
10. Date deceased last worked at this occupation (month and year) April 1935 11. Total time (years) spent in this occupation 7

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Ark.

13. NAME Lee West

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Annie Langdon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Paradise Ark.

17. INFORMANT (ADDRESS) Koch Hospital Record Koch Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 11/22 36

19. UNDERTAKER (ADDRESS) English Ind. Co 2931 Sprague

20. FILED Nov 19 1936 St. Mowery Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 15 1936

22. I HEREBY CERTIFY That I attended deceased from Oct 14 1936 to Nov 15 1936

I last saw him alive on Nov 15 1936 Death is said to have occurred on the date stated above, at 5:45 p.m.

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

Chronic Pulmonary Tuberculosis

Date of onset April 1936

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? Sputum 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) Paul Murphy M. D.

(Address) Koch Mo.

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.

