

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

Do not use this space.

44871

1. PLACE OF DEATH

County Jackson
Township 1st
City St. Louis (No. 11007)

Registration District No. 379
Primary Registration District No. 11007

File No. 44871
Registered No. 2452
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1711 1/2 Volmer St. (Res.) Ward.

(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

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) 12-25-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 77 11 18

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.

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) Mo

13. NAME Unknown

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

15. MAIDEN NAME Unk.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unk.

17. INFORMANT (ADDRESS) Record Clerk General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge DATE 12/19 1936

19. UNDERTAKER (ADDRESS) Watkins Bros. 1729 Lydia

20. FILED Dec. 18, 1936 M. M. Brown Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-13 19 36

22. I HEREBY CERTIFY, That I attended deceased from 12-9 1936, to 12-13 1936

I last saw him alive on 12-13 1936 Death is said to have occurred on the date stated above, at 2:55 P.M.

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

Incarcerated Inguinal Hernia (Operated)
Intestinal Obstruction (Operated)
Other contributory causes of importance:
Terminal Broncho-Pneumonia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external cause (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) J. C. Dwyer, M.D.
General Hosp. #2
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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