

FEB 25 1937

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

Do not use this space.

48795

1. PLACE OF DEATH

County Jackson
Township St. Louis
City St. Louis, Mo. (No. General Hosp. 72)

Registration District No. _____
Primary Registration District No. _____

File No. 1115
Registered No. 3rd Ward)

2. FULL NAME

(a) Residence, No. 1916 24th St. 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

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) 8-12-36

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ...hra. or ...min.
Still Born

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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, Mo.

MOTHER FATHER 13. NAME Adolph Roulette

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

15. MAIDEN NAME Elizabeth Harris

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

17. INFORMANT Record Clerk

18. BURIAL, CREMATION, OR REMOVAL Leeds Mo DATE Aug 19th 36

19. UNDERTAKER Wut affleton Jones (ADDRESS) 1600 E 19th St

20. FILED 8-21-36 M. M. Crowe Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-12 1936

22. I HEREBY CERTIFY, That I attended deceased from 8-12 1936 to 8-12 1936

I last saw him... on 8-12 1936 Death is said to have occurred on the date stated above, at 7:25 P.M.

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

Still Born
Date of onset _____
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Clinical Was there an autopsy? No

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? Yes

If so, specify _____
(Signed) J. O. [Signature]
(Address) General Hosp. 72

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.

