

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

Do not use this space.

NOV 4 1936

791  
1003

File No. 49039  
Registered No. 9962  
St. \_\_\_\_\_ Ward \_\_\_\_\_

1. PLACE OF DEATH

County \_\_\_\_\_  
Township \_\_\_\_\_  
City *St. Louis* (No. \_\_\_\_\_)

Registration District No. \_\_\_\_\_  
Primary Registration District No. \_\_\_\_\_  
2730a Chouteau Ave

2. FULL NAME

(a) Residence, No. \_\_\_\_\_  
(Usual place of abode) *2730 1/2 Chouteau* Ward. *22*  
(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 *not determined* 4. COLOR OR RACE *colored* 5) SINGLE, MARRIED, WIDOWED, OR DIVORCED  (write the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *5/31* 19*36*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

22. I HEREBY CERTIFY, That I *resided* deceased from *5/31* 19*36* to *5/31* 19*36*. I last saw *him* alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at \_\_\_\_\_, Mo.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-31-36*

*Stillborn*  
Date of onset \_\_\_\_\_

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	

OCCUPATION  
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 \_\_\_\_\_

Other contributory causes of importance: \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis*

FATHER  
13. NAME *Chas Cooper*

Name of operation *none* Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

FATHER  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Fla.*

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. \_\_\_\_\_

MOTHER  
15. MAIDEN NAME *Warnelemayo*

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

17. INFORMANT *Warnelemayo*

(ADDRESS) *2730 1/2 Chouteau city*

18. BURIAL, CREMATION, OR REMOVAL PLACE *City Cemetery* DATE *10-2-36*

19. UNDERTAKER *David Van Tassan*

(ADDRESS) *City Hospital*

20. FILED *OCT 1 1936* *J. Bredeck* Registrar.

24. Was disease or injury in any way related to occupation of deceased? If so, specify \_\_\_\_\_ (Signed) *J. Bredeck*, M. D. (Address) *St. Louis*

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.

