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.

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

Do not use this space.

791
1003

File No. 3500
Registered No. 532

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City St. Louis. (No. City Hospital No.1 St. ..... Ward)

B. 13617

2. FULL NAME Oliver Sample

(a) Residence, No. 1509 Hickory St., 22 Ward. 1
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
male	white	single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 31, 1888.

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	2	9	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 262

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) Pennsylvania

FATHER

13. NAME Reinaldo Sample

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

MOTHER

15. MAIDEN NAME Elizabeth ?

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

17. INFORMANT (ADDRESS) Hosp. Info. M.H. Kent City Hospital No.1

18. BURIAL, CREMATION, OR REMOVAL

PLACE National Cem. DATE Jan. 16, 1937

19. UNDERTAKER (ADDRESS) C. HOFFMEISTER UNDERTAKING & LIVERY CO. 7814 So. Broadway St. Louis Mo.

20. FILED JAN 13 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/9/37, 19

22. I HEREBY CERTIFY, That I attended deceased from 12/20/36, 19..., to 1/9/37, 19...

I last saw him alive on 1/9/37, 19... Death is said to have occurred on the date stated above, at 12.30 a

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

Carcinoma of bladder Primary c metastases — Date of onset 6 Mos

51 B

Other contributory causes of importance:

Name of operation Resection of tumor Date of 12/24/36

What test confirmed diagnosis? Laboratory 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?

If so, specify

(Signed) Thos. W. Saam, M. D.

(Address) City Hospital No.1