

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

Do not use this space.

APR 8 1937

1. PLACE OF DEATH

County Jackson
Township Law
City St. Louis

Registration District No. 399
Primary Registration District No. 1003
(No. Trans Lake 27 - Pased)

File No. 9496
Registered No. 1502
St. 9 Ward 1

2. FULL NAME

(a) Residence, No. 2314 Woodland St., Ward.

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX Fe 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/7/37 1937

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

22. I HEREBY CERTIFY That I attended deceased from 1937 to 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 15, 1865

I last saw him live on 6/30/37, 1937. Death is said to have occurred on the date stated above at 11:00 a.m.

7. AGE YEARS 71 MONTHS 5 DAYS 22 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:
Death by drowning Date of onset

8. Trade, profession, or particular kind of work done, as splaner, sawyer, bookkeeper, etc. At Home
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:
W

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Charlotte N.C.

Name of operation Inoperable Date of 3/7/37

13. NAME William Green

What test confirmed diagnosis Inoperable Was there an autopsy?

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. Day of injury 3/7/37

15. MAIDEN NAME Haegeer Wm.

Where did injury occur? Front porch (Specify city or town, county, and State)

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.C.

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Mrs. Minnie Miller (ADDRESS) 2314 Woodland

Manner of injury Jumped in lake

18. BURIAL, CREMATION, OR REMOVAL PLACE Highland DATE 3/11 1937

Nature of injury

19. UNDERTAKER Stathens Bros (ADDRESS) 1429 Lydia

24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) W. H. H. M. D.

20. FILED March 10, 1937 M. J. Grover Registrar.

(Address) W. H. H.

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.

WRITE IN PLAIN INK

