APR 9 1937

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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 10528

Township ..... Primary Registration District No. 1003 Registered No. 3102

City St. Louis, Mo. (No. 3723 Finney St. ..... Ward)

2. FULL NAME LEVELL CHRISWELL

(a) Residence, No. 3723 Finney St., 11 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: NEGRO
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) Aug. 20, 1902

7. AGE: 34 YEARS ~~35~~ MONTHS 6 DAYS 23 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. COMMON
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. LABORER
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) ARKANSAW

FATHER

13. NAME ADAM CHRISWELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARK.

MOTHER

15. MAIDEN NAME SAVANAH DAVIS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ARK.

17. INFORMANT (ADDRESS) MARY JOHNSON 3723 Finney ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 3. 20 - 1937

19. UNDERTAKER (ADDRESS) ALKINS BROS. 3644 Finney ave

20. FILED MAR 20 1937 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March-15, 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb-13th, 1937, to March-15, 1937

I last saw him alive on March 15, 1937. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

	Date of onset
Endocarditis (acute)	1/1/37
C Nephritis chronic	
Acute Endocarditis Results of Rheumatism	
Other contributory causes of importance: Rheumatism	1/1/37

131

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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? No

If so, specify .....

(Signed) T J Jones, M. D.

(Address) 2630 Franklin

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

50M-9-22-36 I X9314