APR 9 1937

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

Do not use this space.

4226 W Garfield

1. PLACE OF DEATH

County

Township

City St Louis (No. St. Ward)

Registration District No. 791

Primary Registration District No. 1003

File No. 10671

Registered No. 3245

2. FULL NAME John Chirfield

(a) Residence, No. 4226 W Garfield St., 11 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

3. SEX: Male

4. COLOR OR RACE: Negro

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 9-25-1867

7. AGE: 69 ~~70~~ YEARS; MONTHS: 5; DAYS: 27; If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

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

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 Charles Missouri

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Mary Chirfield 4226 W. Garfield

18. BURIAL, CREMATION, OR REMOVAL: Washington Park Cem DATE 3-26 1937

19. UNDERTAKER (ADDRESS): Boyd Fun. Home 3706 Finney

20. FILED MAR 25 1937, 19 J F Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Mar 23, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16, 1937, to Mar 22, 1937

I last saw him alive on Mar 22, 1937 Death is said to have occurred on the date stated above, at 12:30 A.m.

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

Broncho-Pneumonia

93C

Date of onset

Other contributory causes of importance:

Myocarditis Chronic Intestinal Obstruction of lower bowel due to chronic Constipation

Name of operation — Date of

What test confirmed diagnosis? Physical 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? No

If so, specify

(Signed) William E Rubenstein, M. D.

(Address) 4069 Easton av St Louis Mo

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.

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