

APR 27 1937

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

Do not use this space.

1. PLACE OF DEATH

County

St. Louis

Registration District No.

790

File No.

13524

Township

St. Charles Hospital

Primary Registration District No.

6033a

Registered No.

69

City

St. Louis Co. Wash.

St.

Ward)

2. FULL NAME

(a) Residence, No.

Kinloch Park Me.

Ward.

(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

M

4. COLOR OR RACE

B.

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

Married

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

Miss Alice Coleman

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

1-10-1881

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

56

1

1

OCCUPATION

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

Labor

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Tenn.

13. NAME

unknown

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

unknown

15. MAIDEN NAME

unknown

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

unknown

17. INFORMANT

Alice Coleman

(ADDRESS)

Kinloch Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Louis Mo. 2/17/1937

19. UNDERTAKER

Boyd Bothus

(ADDRESS)

Kinloch Mo.

20. FILED

7/17

1937

Dr. A. Flequaille

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

2/13/1937

22. I HEREBY CERTIFY, That I attended deceased from

2/6/37, 1937, to 3/2/13/1937, 1937.

I last saw him alive on 11 AM, 1937. Death is said

to have occurred on the date stated above, at.....m.

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

Bronchitis - Pneumonia

Date of onset: 2/10/37

Other contributory causes of importance:

Arteriosclerotic Heart Disease

Name of operation

Date of

What test confirmed diagnosis?

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) Frank W. Hubbard, M. D.

(Address)

St. Louis Co. Wash.

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.

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

1 X734

