

27 1937

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

Do not use this space.

13540

1. PLACE OF DEATH

County St. Louis  
Township St. Louis Hospital  
City St. Louis (No. \_\_\_\_\_)

Registration District No. 790  
Primary Registration District No. 60332

File No. \_\_\_\_\_  
Registered No. 135 St. \_\_\_\_\_ Ward)

2. FULL NAME

(a) Residence, No. 917 Bell Ave. St. Webster, Mo.  
(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 <u>F</u>	4. COLOR OR RACE <u>B</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Divorced</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>?</u>		
7. AGE	YEARS	MONTHS
<u>38?</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>	11. Total time (years) spent in this occupation.
	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)	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Houston, Texas</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
17. INFORMANT <u>County Hospital</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington</u> DATE <u>2-24-37</u>		
19. UNDERTAKER <u>Local Anatomical Board</u> (ADDRESS) <u>Dr. R. H. 2500 Rte 10</u>		
20. FILED <u>4/6</u> <u>1937</u> <u>Dr. J. Signorelli</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/16 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/8 1937, to 2/16 1937  
I last saw him alive on 2/16 1937. Death is said to have occurred on the date stated above, at 5 P. M.  
The principal cause of death and related causes of importance were as follows:  
Pneumo-pneumonia Date of onset 2/14  
Cerebral Thrombosis  
Hypertension 1/15/37  
Other contributory causes of importance:  
Name of operation \_\_\_\_\_ Date of operation \_\_\_\_\_  
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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) W. H. Stephens, M. D.  
St. Louis County Hospital  
Chas. J. [unclear]

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.

RECORD

Richard

6633 Dayton Rd