

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

Do not use this space.

MAY 7 1937

14821

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No.)

Registration District No. 791
City Registration District No. City Hospital No 1003

File No.....
Registered No. 4317
St. Ward)

2. FULL NAME Lee Truscott

(a) Residence, No. 2323 Market Street St., 21 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 Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 13, 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
37 50 8 4 20

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

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) Texas

13. NAME Sy Truscott

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

15. MAIDEN NAME Betsy Davis

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

17. INFORMANT Ruby Perdeau (ADDRESS) 2945 Lawton

18. BURIAL, CREMATION, OR REMOVAL PLACE St Louis U DATE 4-9 1937

19. UNDERTAKER W. Riehty (ADDRESS) 2350 Butler St

20. FILED APR 26 1937 J. Perdeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-4 1937

22. I HEREBY CERTIFY, That I attended deceased from 4-2, 1937, to 4-4, 1937

I last saw him alive on 4-4, 1937. Death is said

to have occurred on the date stated above, at 2:20 m. a. m.

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

Chronic Nephritis

Date of onset 4-2-37

Other contributory causes of importance: None

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

What test confirmed diagnosis? Clinical 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) W. J. Lewis, M. D.

(Address) 2945 Lawton Ave.

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.

WHILE FILLING IN WITH OUTRADING INK—THIS IS A PERMANENT RECORD

1 X 3314

243 2 2 2 2

OCCUPATION

FATHER

MOTHER

