

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

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Clayton Primary Registration District No. 60332
City Clayton (No. St. Louis County Hosp.)

File No. 17602
Registered No. 178

2. FULL NAME

(a) Residence, No. 1702 S. Hanley Rds. Richmond Hts. 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>Female</u>	4. COLOR OR RACE <u>colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>LEE LAWRENCE</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 13 1886</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>5</u>	DAYS <u>23</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</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)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-10 1937

22. I HEREBY CERTIFY, That I attended deceased from S-3 1937, to S-10 1937

I last saw R.R. alive on S-10 1937. Death is said to have occurred on the date stated above, at 10:05 a.m.

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

- Advanced Pulmonary Tuberculosis
- Diabetes Mellitus

Other contributory causes of importance:

Date of onset
not known

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1937

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 H. Robinson M.D.
(Address) St. Louis County Hospital

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dennessie</u>
	13. NAME <u>James Phillips</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>?</u>
	15. MAIDEN NAME <u>Emma Williams</u>
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Dennessie</u>
	17. INFORMANT <u>Son and Husband</u> (ADDRESS) <u>1702 Hanley Rd. Richmond Hts.</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Alexander's Temple</u> DATE <u>May 16, 1937</u>	
19. UNDERTAKER <u>W. B. French</u> (ADDRESS) <u>1003 N. Harrison Ave.</u>	
20. FILED <u>May 14, 1937</u> <u>Dr. A. J. Sigworth</u> Registrar.	

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

