

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

Do not use this space.

MAY 31 1937

File No. 17603
Registered No. 181
St. _____ Ward _____

1. PLACE OF DEATH
76 County St Louis Registration District No. 790
2 Township Clayton Primary Registration District No. 6039
7 City Clayton Mo. (No. St. Louis Co. Hospital)
2. FULL NAME Julius Black
(a) Residence, No. 6651 Gaston Weldon 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Col. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1937

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1884

I last saw h..... alive on....., 19____. Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 11 4

to have occurred on the date stated above, at 8:25 a.m.
The principal cause of death and related causes of importance were as follows:

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

Meningitis (Pneumococci) Date of onset

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

Other contributory causes of importance:
Septicemia (Pneumococci)

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

13. NAME Carlson Black

Name of operation no Date of.....
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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

15. MAIDEN NAME Mary Tucker

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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT Laura Wilson
(ADDRESS) Weldon Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Budgeton Cem. DATE May 17, 1937

19. UNDERTAKER A. Russell
(ADDRESS) 3732 Pine St

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____

20. FILED 577 1937 Dr. J. Squawles
Registrar.

(Signed) John H. Cornell M. D.
(Address) Carver, St Louis Co.

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

