

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY nature of primary supposition. DO NOT SIGN DEATH CERTIFICATE. PHYSICIANS should state EXACTLY nature of primary supposition. DO NOT SIGN DEATH CERTIFICATE.

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

Do not use this space.

JUN 12 1937

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City..... **ST. LOUIS CHILDREN'S HOSPITAL** **ST. LOUIS MISSOURI** File No. **18331**
 (No) Registered No. **4907** St. _____ Ward)

2. FULL NAME William Vessells

(a) Residence, No. 1423 a St. Louis, Mo. St. 26 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 **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED **Child**
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **10-6-27**

7. AGE YEARS **9** MONTHS **7** DAYS **7** If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Child**
 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) **St. Louis, Mo.**
 (STATE OR COUNTRY)

13. NAME **Leonard**

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

15. MAIDEN NAME **Irene Morris**

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

17. INFORMANT **I. Blum**
 (ADDRESS) **500 S. Kingshighway**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **May 17 1937**

19. UNDERTAKER **H. J. Lechner**
 (ADDRESS) **1417 S. Market St.**

20. FILED **MAY 14 1937** **J. T. Bredeck**
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **5-13-37**, 19

22. I HEREBY CERTIFY, That I attended deceased from **1-3-37**, 19, to **5-13-37**, 19.

I last saw him alive on **5-13-37**, 19. Death is said to have occurred on the date stated above, at **7:15 a.m.**

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

*Rheumatic Heart Disease
& Pericarditis* Date of onset **1-1-37**

Other contributory causes of importance: *None*

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? **No**
 If so, specify _____

(Signed) _____ M. D.
 (Address) _____

