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

Do not use this space.

JUN 12 1937

791

18685

1003

5261

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. 18685

Township ..... Primary Registration District No. 1003 ..... Registered No. 5261

City St. Louis (No. St. John's Hospital St. ..... Ward)

2. FULL NAME William N. Day

(a) Residence, No. 2233 Keokik St. St., 24 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 (*write the word*): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): November 1 1861

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
03	75	6	24	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Public Service

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): Reelsville Indiana

FATHER

13. NAME: George W. Day

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

MOTHER

15. MAIDEN NAME: Not Known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Georgia

17. INFORMANT (ADDRESS): Ross Day, 5230 S. 37th. St

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Odd Fellows DATE: May 28, 1937

19. UNDERTAKER (ADDRESS): Wm. Schumacher, 3013 Meramec St.

20. FILED: MAY 27 1937 J. F. Bredeck, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 25, 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 15, 1936, to May 24, 1937

I last saw him alive on 5/24, 1936. Death is said to have occurred on the date stated above, at 3:55 A.M.

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

	Date of onset
Prostatic Malignancy	3 yrs
F/C	
Other contributory causes of importance:	
Venous Calculi	6 mo

Name of operation Transurethral Date of 10/15/36

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?

If so, specify None

(Signed) [illegible], M. D.

(Address) Century Bldg.

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

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