

SEP 10 1937

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Missouri (No. 1536 Papin-St. Mary's Infirmary St. Ward)

791
1008

28707

File No.....
Registered No. 7340

2. FULL NAME Sim Dryden

(a) Residence, No. 1531 Randolph St., 22 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 M 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 1, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 6 29

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

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) Missouri
(STATE OR COUNTRY) Lincoln Co.

13. NAME unknown

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

15. MAIDEN NAME Caroline (unk)

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

17. INFORMANT Vivian Rose
(ADDRESS) 1531 N. Randolph

18. BURIAL, CREMATION, OR REMOVAL PLACE Barron's Cemetery DATE Charles M. 8.3.37

19. UNDERTAKER Charles J. Hatis
(ADDRESS) 710 7/4 Ave

20. FILER J. H. Bradeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 30, 1937

22. I HEREBY CERTIFY, That I attended deceased from June 22, 1937, to July 30, 1937

I last saw him alive on July 30, 1937. Death is said to have occurred on the date stated above, at 8:30 P.M.

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

Date of onset

Tuberculous Tuberculosis

Other contributory causes of importance:

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?.....

If so, specify Froese D. Aldredson M. D.(Signed) Froese D. Aldredson(Address) St. Mary's Infirmary

AUG 2 - 1937

Registrar.

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.

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