

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

Do not use this space.

SEP 10 1937

28920

1. PLACE OF DEATH

County.....
Township.....
City..... St. Louis (No. 1003 Registration District No. 791
Primary Registration District No. 1003
Homer Phillips Hospital St. (Ward)

File No.....
Registered No. 7553

2. FULL NAME

(a) Residence, No. 816 N. 17th St., 25 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 9 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
20 6 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Baker
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) St. Louis Mo

13. NAME James Thomas

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jackson Tenn

15. MAIDEN NAME Leona Moore

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

17. INFORMANT James Thomas
(ADDRESS) 816 N. 17th St

18. BY THE PRESENTATION OR REMOVAL OF PLACE Carroll Com DATE Aug. 10 1937

19. UNDERTAKER McDowell Funeral Home
(ADDRESS) 3506 Franklin Ave.

20. FILED AUG 10 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 6 1937

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

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:30A.M.
The principal cause of death and related causes of importance were as follows:

Internal Hemorrhage following stab wound of abdomen, suffered when stabbed with knife in the hands of one Joe Mitchell in tavern at 1601 Carr Street, about 3:30 P.M., August 5th, 1937. Homicide.

Other contributory causes of importance:

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

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide Homicide Date of injury Aug 5, 1937
Where did injury occur? St. Louis, Mo.
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Public place.

Manner of injury See above
Nature of injury See above

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify (Signed) Joseph M. Zuman
Address Deputy Coroner

WRITE PLAINLY, WITH UNFADING INK...THIS IS A PERMANENT RECORD

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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