

WRITE PLAINLY, WITH UNODING 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.

SEP 10 1937

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

Do not use this space.

29308

1. PLACE OF DEATH

County.....
Township.....
City St. Louis Mo. (No. 9 Central City, St. Louis # 2)
Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 7941
St. Ward)

2. FULL NAME

(a) Residence, No. 1918 Ward 21 St. 21 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 <u>male</u>	4. COLOR OR RACE <u>black</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Ada Roper</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 16 1882</u>				
7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>55</u>	<u>5</u>	<u>1</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Wagon Leader</u>				
10. Date deceased last worked at this occupation (month and year)				

MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>
	13. NAME <u>John Roper</u>
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>
	15. MAIDEN NAME <u>Pauline Roper</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Georgia</u>
FATHER	17. INFORMANT (ADDRESS) <u>E. B. Gagner 3103 Washington</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>Aug 28 1937</u>
MOTHER	19. UNDERTAKER (ADDRESS) <u>W. J. Gannon 2038 Wash</u>
	20. FILED <u>AUG 24 1937</u> <u>J. H. Bredeck</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 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 2:50 P.M.

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

Coronary Occlusion
Aortitis
Cause unknown
Other contributory causes of importance:
946

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?..... 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) Alfred J. Perry M. D.
(Address) Deputy Coroner

Date of onset

... [faded text] ...
... [faded text] ...
... [faded text] ...

... [faded text] ...
... [faded text] ...
... [faded text] ...

... [faded text] ...
... [faded text] ...
... [faded text] ...

... [faded text] ...
... [faded text] ...
... [faded text] ...