

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.

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

Do not use this space.

32495

1. PLACE OF DEATH

County ST. LOUIS CHILDREN'S

Township HOSPITAL

City Charles Kornegay (No. 791)

Registration District No. 1003

Primary Registration District No. 1003

File No. 8549

Registered No. 8549

St. Ward

2. FULL NAME

(a) Residence, No. 3142 Belle Avenue

St. 21 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

Colored

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

child

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

Child

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

1929-8-4

7. AGE

YEARS

8 yrs.

MONTHS

1/2

DAYS

4

IF LESS than 1 day, ... hrs. or min.

OCCUPATION

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) (STATE OR COUNTRY)

St. Louis, Mo.

FATHER

13. NAME

Garfield

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

North Carolina

MOTHER

15. MAIDEN NAME

Gladys Smith

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

North Carolina

17. INFORMANT (ADDRESS)

R, Moore

500 S. Kingshighway

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Washington Park

DATE

Sept 11/1937

19. UNDERTAKER (ADDRESS)

A. L. Beal Und. Co.
2726 Broadway, New Orleans, La.

20. FILER

SEP 11 1937

J. H. Breck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

9-8-37

, 19

22. I HEREBY CERTIFY, That I attended deceased from 8-31-37, 19, to 9-8-37, 19.

I last saw him alive on 9-8-37, 19. Death is said to have occurred on the date stated above, at 6:00 a.m.

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

Tuberculous meningitis

Date of onset

Other contributory causes of importance:

Terminal broncho-pneumonia

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

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

(Signed) E. L. Conrad, Jr. M. D.

(Address) 550 S. Kingshighway

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