

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

Do not use this space.

40409

DEC 20 1937

**1. PLACE OF DEATH**

County Jackson  
Township Ray  
City St. Louis, Mo. (No. General Hosp. #2 St. 3rd Ward)

Registration District No. 399  
Primary Registration District No. 5002

File No. 4700  
Registered No. 4700

**2. FULL NAME**

(a) Residence, No. 2540 Euclid Ward.

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. (If nonresident, give city or town and State)

**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 Sarah Elizabeth Birdsong

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-24-1878

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
59	3	8		

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

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) Tenn.

13. NAME Tony Birdsong

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

15. MAIDEN NAME Ada Young

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Record Clerk General Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Ridge Cem. DATE Nov. 24 1937

19. UNDERTAKER (ADDRESS) West, Appleton & Jones 120 S. Olive

20. FILED Nov 24 1937 M. Dr. Crowe Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-22 1937

22. I HEREBY CERTIFY, That I attended deceased from 9-27 1937 to 11-22 1937. I last saw him alive on 11-22 1937. Death is said to have occurred on the date stated above, at 4:00 A.M.. The principal cause of death and related causes of importance were as follows:

Chronic Arteriosclerotic Nephritis

Other contributory causes of importance: Acute Pulmonary Edema

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) W. D. Duquesne (Address) General Hosp. #2

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.

