

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.

REC'D MAR 7 4 1938

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

Do not use this space.

1. PLACE OF DEATH

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

File No. **5269**
Registered No. **1914**
St. Ward)

2. FULL NAME

(a) Residence, No. **2816 1/2** **Laclede Ave.** St. Ward **22**
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **C** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **/**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1-3-38**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, **16** hrs. or **16** min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-19-** 19**38**

22. I HEREBY CERTIFY, That I attended deceased from **1-3-** 19**38**, to **1-19-** 19**38**
I last saw him alive on **1-19-** 19**38** Death is said to have occurred on the date stated above, at **7:45A** m.
The principal cause of death and related causes of importance were as follows:
Prematurity **1-3-38** Date of onset

OCCUPATION

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. **/**

10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

Other contributory causes of importance:

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

FATHER

12. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Mo.**

13. NAME **-----**

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

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.

MOTHER

15. MAIDEN NAME **Mildred Taylor**

16. BIRTHPLACE (CITY OR TOWN) **St. Louis,** (STATE OR COUNTRY) **Mo.**

17. INFORMANT **Arthur M. Sherard** (ADDRESS) **2601 N Whittier St.**

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?
If so, specify.....
(Signed) **H. S. Howell** M. D.
(Address) **2601 N Whittier St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **CITY CEMETERY** DATE **FEB 24 1938**

19. UNDERTAKER **Ira Hamilton** (ADDRESS) **City Health Dept**

20. FILED **FEB 23 1938** **J. B. Bredich** Reg. strat.

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