

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

Do not use this space.

5713
779

1. PLACE OF DEATH

County Jackson
Township Lawrence
City St. Louis (No. General Hosp. #2)

Registration District No. 399
Primary Registration District No. 1092

File No. 5713
Registered No. 779
St. 3rd Ward

2. FULL NAME

(a) Residence, No. 1921 E. 16th St., Ward.

(Usual place of abode) (If non-resident, 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 <u>Male</u>	4. COLOR OR RACE <u>Colored</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>Blanch Handley</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>4-17-1884</u>		
7. AGE YEARS <u>56</u> MONTHS <u>9</u> DAYS <u>27</u> If LESS than 1 day, ... hrs. or min.	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Janitor</u>		
10. Date deceased last worked at this occupation (month and year) <u>None</u>		
11. Total time (years) spent in this occupation <u>None</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>None</u>		
13. NAME <u>Unknown</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas</u>		
15. MAIDEN NAME <u>None</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>General Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Louis</u> DATE <u>Feb 18</u> 19 <u>38</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. Brown</u>		
20. FILED <u>Feb 16</u> 19 <u>38</u> <u>W. H. Brown</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-14 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-2 1938 to 2-14 1938
I last saw him alive on 2-14 1938. Death is said to have occurred on the date stated above, at 10:50 A.M.;
The principal cause of death and related causes of importance were as follows:
Hypertensive Type
Heart Disease
Decompensation
Other contributory causes of importance:
None

Name of operation Clinical Date of None
What test confirmed diagnosis? Clinical 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 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. H. Brown M.D.
(Address) General Hosp. #2

