

REC'D MAY 10 1938

3

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.....

Township.....

Primary Registration District No.....

City St. Louis, Mo. (No. 1536, Papin

St. Ward)

791
1003

12558

File No.....

3162

Registered No.....

2. FULL NAME William Audley 340(a) Residence, No. 2701 Dickson St. Ward 21
(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)Married**5A. IF MARRIED, WIDOWED, OR DIVORCED**HUSBAND OF
(OR) WIFE OFWillye Audley**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)**January 8, 1896**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.42220**OCCUPATION****8. Trade, profession, or particular** Laborer
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.....**12. BIRTHPLACE (CITY OR TOWN)**(STATE OR COUNTRY) La.**13. NAME**Tom Audley**14. BIRTHPLACE (CITY OR TOWN)**(STATE OR COUNTRY) La.**15. MAIDEN NAME**Not Known**16. BIRTHPLACE (CITY OR TOWN)**(STATE OR COUNTRY) La.**17. INFORMANT**

(ADDRESS)

Willye Audley**18. BURIAL, CREMATION, OR REMOVAL**

PLACE

Washington ParkDATE April 14thA. L. Beal and Co.**19. UNDERTAKER**

(ADDRESS)

2725 Lucas Ave**20. FILED**APR4 1938J. P. Budick
Registrar.**MEDICAL CERTIFICATE OF DEATH****21. DATE OF DEATH (MONTH, DAY, AND YEAR)** March 28 . 19 38**22. I HEREBY CERTIFY**, That I attended deceased from
March 14 .. 1938, to March 28 .. 1938I last saw him alive on March 28 .. 1938. Death is saidto have occurred on the date stated above, at 9:30 A. M.

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

Date of onset

Chronic Nephritis
Renal Calculi

Other contributory causes of importance:

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....., 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?.....

If so, specify.....

(Signed) George D. Cleary, Jr. .. M. D.(Address) St. Mary's Infirmary

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.

John E. Pope
License No 1463