

REC'D JUN 7 1938

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

Do not use this space.

19595

1. PLACE OF DEATH

County St. Louis
 Township Carondelet
 City Koch (No. 102)

Registration District No. 784
 Primary Registration District No. 102

File No. 19595
 Registered No. 797
 St. _____ Ward _____

2. FULL NAME

(a) Residence No. 1109 O'Fallons St. _____ Ward _____

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 12 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 Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 10-26-1909

7. AGE YEARS 28 MONTHS 6 DAYS 2 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Presser
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Clothes
 10. Date deceased last worked at this occupation (month and year) July 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Brownsville Tenn

FATHER 13. NAME Tom Lane

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

MOTHER 15. MAIDEN NAME Elizabeth Campbell

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

17. INFORMANT Deceased

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE 5-5-38

19. UNDERTAKER A. O. Richardson (ADDRESS) 2100 N. Jefferson

20. FILED 5-4 1938 A. R. Meyer, M.D., M.P.H. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-28-1938

22. I HEREBY CERTIFY, That I attended deceased from 1-26, 1938, to 4-28, 1938

I last saw him alive on 4-27, 1938. Death is said to have occurred on the date stated above, at 7⁰⁰ m.

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

Tuberculous Meningitis Date of onset 2 wks.
Pulmonary Tuberculosis 2 yrs.

Other contributory causes of importance: 13

Name of operation _____ Date of _____

What test confirmed diagnosis? X-ray test 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) Albert Kaplan, M. D.

(Address) Koch Mo

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.

