

JUN 30 1938

938

REC'D JUL 7 1938

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis  
Township Carondelet  
City St. Louis (No. Rock Map)

Registration District No. 784  
Primary Registration District No. 200

File No. 22979  
Registered No. 1122  
St. 530 Ward

2. FULL NAME

(a) Residence, No. 1670 Franklin St., Ward. (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 3 yrs. 9 mos. 9 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  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27 1915  
7. AGE YEARS 22 MONTHS 7 DAYS 27 If LESS than 1 day, ..... hrs. or ..... min.

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

13. NAME Unknown

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

15. MAIDEN NAME Mamie Thomas

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

17. INFORMANT Rock Hospital Record

18. BURIAL, CREMATION, OR REMOVAL Washing for Park DATE 7/1 / 1938

19. UNDERTAKER (ADDRESS) McDonnell Funeral Home  
3526 Franklin Ave.

20. FILED JUN 30 1938 19 P. R. Meyer, M. D. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 24 1938  
22. I HEREBY CERTIFY, That I attended deceased from 9-15, 1934 to 6-24, 1938  
I last saw h. alive on 6-23, 1938 Death is said to have occurred on the date stated above, at 1:45 p.m.  
The principal cause of death and related causes of importance were as follows:

Chronic Pulmonary Tuberculosis Date of onset 1933  
230  
Other contributory causes of importance: Tuberculosis Kidneys Oct 1937

Name of operation X-ray Date of .....  
What test confirmed diagnosis? Sputum 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) Paul Mungely M. D.  
(Address) Rock Map

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

FORM 22-36  
V. S. NO. 1  
REV. 1-23-34

