

JUL 12 1938

REC'D AUG 9 1938

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

Do not use this space.

26543

1. PLACE OF DEATH

County Saint Louis
Township Camoulet
City Jefferson Barracks (No. 330)

Registration District No. 784
Primary Registration District No. 702

File No. 1186
Registered No. 1186
St. 1 Ward 1

2. FULL NAME Henry STUDWAY

(a) Residence, No. 821 North 16th Street St. Unkn. Ward. Saint Louis, Missouri.
(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 OF Mrs. Corien Studway

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1897

7. AGE YEARS 41 MONTHS 0 DAYS 0 If LESS than 1 day,hra. ormin.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. WPA Worker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. -- Street laborer
10. Date deceased last worked at this occupation (month and year) 5 weeks ago 11. Total time (years) spent in this occupation 2 years

12. BIRTHPLACE (CITY OR TOWN) Fittler, Mississippi (STATE OR COUNTRY)

13. NAME Not known

14. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

15. MAIDEN NAME Not known

16. BIRTHPLACE (CITY OR TOWN) Not known (STATE OR COUNTRY) Not known

17. INFORMANT Clinical Officers on Barracks, Missouri

18. BURIAL, CREMATION, OR REMOVAL Not known

19. UNDERTAKER McDowell Funeral Home (ADDRESS) 3506 Franklin Ave

20. FILED JUL 14 1938 19 1 R Meyer M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 8, 19 38

22. I HEREBY CERTIFY, That I attended deceased from June 10, 19 38 to July 8, 19 38

I last saw him alive on July 8, 19 38 Death is said

to have occurred on the date stated above, at 8:30A. m.

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

Hodgkin's Disease

Date of onset Unkn.

Other contributory causes of importance:

Broncho-pneumonia, right lower Unkn.

Name of operation None Date of operation None
What test confirmed diagnosis? Inv. clinical manif. and laboratory Was there an autopsy? YES
AND autopsy findings.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? None Date of injury None, 19 None

Where did injury occur? None (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury NoneNature of injury None

24. Was disease or injury in any way related to occupation of deceased?

If so, specify None

(Signed) C. H. Hubert, Chief Med. Officer M. D.

(Address) VAF Jefferson Barracks, 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.

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