

NOV 24 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 Cooper
City St. Lambert

Registration District No. 314
Primary Registration District No. 4190

35659

File No. 22
Registered No. 22
St. 22 Ward

2. FULL NAME

(a) Residence, No. Harney St. Jackson Ward.

(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 W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Nell Jackson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8-1884

7. AGE YEARS 54 MONTHS 0 DAYS 24 If LESS than 1 day, hrs. min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) Sept 20, 1938
11. Total time (years) spent in this occupation lifetime

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

13. NAME Wm

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

15. MAIDEN NAME Wm

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

17. INFORMANT Mrs Nell Jackson
(ADDRESS) St. Louis, Mo.

18. BURIAL, CREMATION, OR REMOVAL High Ridge Cemetery
DATE 10/4/38

19. UNDERTAKER Edwin H. Phillips
(ADDRESS) St. Louis, Mo.

20. FILED 10/3/38
Registrar Edwin H. Phillips

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY That I attended deceased from Oct 1, 1938 to Oct 2, 1938

I last saw him alive on Oct 2, 1938 Death is said

to have occurred on the date stated above, at 1245 PM

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

Asphyxiation

g.f.w.

Other contributory causes of importance:

Idiosyncrasy, Attended him for 2 weeks near

years previous

Name of operation None Date of Ne

What test confirmed diagnosis? ✓ Was there an autopsy? Ne

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

Accident, suicide, or homicide? ✓ Date of injury 1938

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? Ne

If so, specify

(Signed) T. J. Hinkley M. D.

(Address) St. Louis, 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.

[illegible]