

DEC 9 JAN 11 1939

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

Do not use this space.

## 1. PLACE OF DEATH

County.....  
Township.....  
City, St. Louis, Mo.Registration District No. 791  
Primary Registration District No. 1008  
No. 1536 Papin Street, St. Marys Infirmary Ward)File No. 41524  
Registered No. 112162. FULL NAME Thomas Black(a) Residence, No. 318 South Montrose St., 18 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 Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Nellie Black</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 2, 1884</u>		
7. AGE <u>54</u>	YEARS <u>7</u>	MONTHS <u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labor</u>		11. Total time (years) spent in this occupation.....
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).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>Thomas Black</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO.</u>		
15. MAIDEN NAME <u>Katie ?</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>MO.</u>		
17. INFORMANT <u>Nellie Black</u> (ADDRESS) <u>318 MONTROSE ST</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Washington Park</u> DATE <u>12-30-38</u>		
19. UNDERTAKER <u>E. L. Garner</u> (ADDRESS) <u>2829 Washington Ave</u>		
20. FILED <u>DEC 29 1938</u> <u>J. D. Beck</u> Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 23 .19 38

22. I HEREBY CERTIFY, That I attended deceased from September 30 .1938, to December 23 .1938  
I last saw him alive on December 23 .1938. Death is said to have occurred on the date stated above, at 11:40 P. M.  
The principal cause of death and related causes of importance were as follows:

Carcinoma of sigmoid  
Date of onset

Other contributory causes of importance:  
HC

Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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 St. Marys Infirmary  
(Signed) J. D. Beck M. D.  
(Address) 1536 Papin St.

Arthur L. Hilliard  
Pic # 3389