

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

Do not use this space.

42549

1. PLACE OF DEATH

County
Township *St. Louis, Mo.*
City *St. Louis, Mo.*

Registration District No. *791*
Primary Registration District No. *1003*

File No.
Registered No. *12315*
St. Ward)

2. FULL NAME

(a) Residence No. *3023 (A) Madison* Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *8* yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

married

16. DATE OF DEATH (MONTH, DAY AND YEAR) *12-14-1929*

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

-

17. I HEREBY CERTIFY, That I attended deceased from *12-12-1929* to *12-14-1929* that I last saw ~~him~~ *her* alive on *12-14-1929* and that death occurred, on the date stated above, at *9:05* p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

9:05 Pm
23A
24A
1 month
Pulmonary Tuberculosis
CONTRIBUTORY (SECONDARY)
(duration) *6* yrs. *6* mos. *0* ds.

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

unknown

7. AGE

abt. 29

YEARS

-

MONTHS

-

DAY

-

If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

Hotel Porter

(b) General nature of industry, business, or establishment in which employed (or employer)

Hotel Porter

(c) Name of employer

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? *NO* DATE OF.....

WAS THERE AN AUTOPSY? *NO*

WHAT TEST CONFIRMED DIAGNOSIS *X-ray + Clinical*

(Signed) *A. E. Halsey* M. D.

12/14/1929 (Address) *City Hosp. #2*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Miss

10. NAME OF FATHER

W. D. Miller

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

unknown

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

unknown

14. INFORMANT (Address)

A. Gertrude Creath
City Hospital #2

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Father's Burial DATE OF BURIAL *12-14-1929*

15. (FILED) 10 1929

Ray C. Miller
REGISTRAR

20. UNDERTAKER

Watson and Son ADDRESS *2769 Chouteau*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

2/45
2
3/1

