

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

Do not use this space.

32814

1. PLACE OF DEATH

County Registration District No. 5091
Township Primary Registration District No. 2000
City St Louis (No. 321 S. 21 St.)

File No.
Registered No. 9679
St. Ward)

2. FULL NAME

(a) Residence, No. 321 South 21 St., 22 Ward.

(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 Female 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 10 1881

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 1 2

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Domestic
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Meridian (STATE OR COUNTRY) Miss.

FATHER 13. NAME Peter Pack

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

MOTHER 15. MAIDEN NAME Mary Unknown

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

17. INFORMANT Ola Clayton (ADDRESS) 321 South 21, St

18. BURIAL, CREMATION, OR REMOVAL PLACE Washida Park DATE 9/16 1931

19. UNDERTAKER Wm. A. Young (ADDRESS) 405 S. Franklin

20. FILED SEP 15 1931 W. A. Young Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9/12 1931

22. I HEREBY CERTIFY, That I attended deceased from

Sept 7, 1931, to Sept 12, 1931.
I last saw him alive on Sept 12, 1931. Death is said to have occurred on the date stated above, at 10:55 a.m.

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

Cerebral Apoplexy Sept 7
32A
99
82A

Other contributory causes of importance: Uterosclerosis 3 mths

Name of operation Date of
What test confirmed diagnosis? Autopsy 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 1931

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 U. A. Young (Signed) M. D.

(Address) 2010 Market

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.

15A Johnny
2011 3/12/12