

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

Do not use this space.

33244

1. PLACE OF DEATH

County..... Registration District No. 21-11
 Township..... Primary Registration District No. 3033
 City St. Louis (No. 3135) Clayton St. _____ Ward _____

File No. _____
 Registered No. 10162

2. FULL NAME

(a) Residence, No. 3135 Clayton Pl. 21 Ward. (If nonresident, give city or town and State)
 (Usual place of abode)

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 <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>51</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Day Laborer</u>		
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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>		
13. NAME <u>Not known</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>		
15. MAIDEN NAME <u>Not known</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>		
17. INFORMANT <u>Neomi Gardner</u> (ADDRESS) <u>3135 Clayton Pl.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Catholic</u> PLACE _____ DATE <u>Oct 9</u> 19 <u>31</u>		
19. UNDERTAKER <u>Romeo English</u> (ADDRESS) <u>2981 S. Grand Ave.</u>		
20. FILED <u>Oct - 2 1931</u> <u>W. C. Stanley</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 29, 1931

22. I HEREBY CERTIFY That I attended deceased from Aug 11 - 1931 to Sept 29, 1931
 I last saw him alive on Sept 28, 1931 Death is said to have occurred on the date stated above, at 7:30 P.M.
 The principal cause of death and related causes of importance were as follows:
Valvular Regurgitation Date of onset 22
Heart Hypertrophy
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis Churn 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 _____, 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 _____
 (Signed) W. C. Stanley M. D.
 (Address) 436 W. Beech

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.

