

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

Do not use this space.

35796

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis Mo. (No. City Hospital 2)

File No. _____
Registered No. 10302
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 21 26 Englewood St. 22 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 1/2 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>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-3-1893</u>		
7. AGE	YEARS <u>38</u>	MONTHS <u>5</u>
	DAYS <u>0</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>cook</u>	
	10. Date deceased last worked at this occupation (month and year) <u>unknown</u>	
	11. Total time (years) spent in this occupation. <u>unknown</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>		
FATHER	13. NAME <u>Craver White</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
MOTHER	15. MAIDEN NAME <u>Juba Smith</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Miss</u>	
17. INFORMANT <u>A Gertrude Creath</u> (ADDRESS) <u>City Hospital</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Father Dickson</u> DATE <u>Oct. 13, 1931</u>		
19. UNDERTAKER <u>Pepe English</u> (ADDRESS) <u>2961 Locust Ave</u>		
20. FILED <u>OCT - 7 1931</u> <u>City Hospital 2</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-3, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-4, 1930, to 10-3, 1931

If last saw him alive on 10-3, 1931 Death is said to have occurred on the date stated above, at 7 P m.

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

23A
Pulmonary Tuberculosis
3 years

Other contributory causes of importance:
DB

Name of operation _____ Date of _____
What test confirmed diagnosis? Vitality 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) C. M. Smith, M. D.
(Address) City Hospital 2

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

