

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

Do not use this space.

36503

File No. _____
Registered No. 11152
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. 701
Township _____ Primary Registration District No. 2
City St. Louis Mo (No. City Hospital #2)

2. FULL NAME

(a) Residence, No. 2139 Walnut St., 22 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 22 yrs. 1 mos. 29 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1904

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>22</u>	<u>1</u>	<u>29</u>	

8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Werk
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) St Louis Mo

13. NAME John Young

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

15. MAIDEN NAME Holly Alonely

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

17. INFORMANT Arthur J. Smith (ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACES Greenwood Cem DATE 11-5-31, 1931

19. UNDERTAKER W. W. Roberts (ADDRESS) 3625 Locust

20. FILED MO-5-123 1931 W. W. Roberts Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-31-1931

22. I HEREBY CERTIFY, That I attended deceased from 10-25, 1931, to 10-31, 1931

I last saw he alive on 10-31-1931. Death is said to have occurred on the date stated above, at 11:25 m.

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

Illness
62
Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy 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 _____, 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 _____

(Signed) A. J. Smith, M. D.
(Address) City Hospital #2

N.B.—Every item of information should be carefully supplied. AGE should be stated exactly. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

