

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

Do not use this space.

39111

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1002
 City St. Louis Mo (No. City Hospital #2) St. Ward)

File No.
 Registered No. 11282
 St. Ward)

2. FULL NAME

(a) Residence, No. 1005th North St., 25 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-2-1893

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
38 2 3

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. laborer
 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) Ill

FATHER 13. NAME Guss Benson

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

MOTHER 15. MAIDEN NAME Lizzie Carter

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

17. INFORMANT (ADDRESS) A Gertrude Creath # City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE East Council Bluffs DATE 11/10 1933

19. UNDERTAKER (ADDRESS) R. M. C. Greer 3517

20. FILED NOV -9 1933 19 Wm C. Tucker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-5-1931

22. I HEREBY CERTIFY, That I attended deceased from 8-10-1931 to 11-5-1931
 I last saw him alive on 11-5-1931 Death is said to have occurred on the date stated above, at 4:15 p.m.
 The principal cause of death and related causes of importance were as follows:

124B
Cirrhosis of Liver
 Other contributory causes of importance:
124B

Name of operation Date of
 What test confirmed diagnosis: lung pathology 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 lung pathology
 (Signed) Wm C. Tucker M. D.
 (Address) City Hospital #2

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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

