

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

Do not use this space.

39812

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1003
 City St. Louis Mo (No. City Hospital # 2)

File No. 1
 Registered No. 12715
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2610 Mill St., 21 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 3 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>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>6-15-1903</u>		
7. AGE	YEARS <u>26</u>	MONTHS <u>5</u>
	DAYS <u>14</u>	IF LESS than 1 day,hrs. ormin.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

FATHER 13. NAME Henry Thomas

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

MOTHER 15. MAIDEN NAME Martha Turner

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) La

17. INFORMANT (ADDRESS) Gertrude Creath City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 12-3 1931

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutger St

20. FILED DEC 26 1931 City Hospital # 2 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-29, 1931
 22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1931, to 11-29, 1931.
 I last saw him alive on 11-29, 1931. Death is said to have occurred on the date stated above, at 11:05 m.

The principal cause of death and related causes of importance were as follows:
 Pulmonary Tuberculosis
 Other contributory causes of importance:
LB

Name of operation Ch. Sal. Wg. Date of _____
 What test confirmed diagnosis? Ch. Sal. Wg. 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) Walter Richter, 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.

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

