

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

Do not use this space.

0 3214
File No. _____
Registered No. **986**
St. _____ Ward _____

1. PLACE OF DEATH

County _____ Registration District No. **791**
Township _____ Primary Registration District No. **1013**
City **St. Louis Mo** (No. **City Hospital 2**)

2. FULL NAME

(a) Residence, No. **Thomas Price** Municipal **25** Ward.

(Usual place of abode) **204 No 14 St** (If nonresident, give city or town and State)
Length of residence in city or town where death occurred **8** 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) **Single**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1-26-1848**
7. AGE YEARS **63** MONTHS **11** DAYS **29**
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. **Laborer 231**
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) **Mass 2**

FATHER
13. NAME **Emm Price**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mass**

MOTHER
15. MAIDEN NAME **Emma Williams**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mass 1**

17. INFORMANT (ADDRESS) **A. Strubbe Creath City Hospital 2**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington** DATE **1-25** 19**32**

19. UNDERTAKER (ADDRESS) **Walter Richter 3100 Ritzler St**

20. FILED **Jan 29 1932** **W. C. Hardin Registrar**

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-25** 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **12-9** 19**32** to **1-25** 19**32**

I last saw h. **live** on **1-25** 19**32** Death is said to have occurred on the date stated above, at **6 A** m.

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

23A Pulmonary Tuberculosis
Other contributory causes of importance: **L. 3 (1)**
Date of onset _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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**

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.

