

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

Do not use this space.

6438

1. PLACE OF DEATH

County..... Registration District No.....

Township..... Primary Registration District No.....

City St. Louis (No. City Hosp)

File No.....

Registered No. 1477

St. Ward)

2. FULL NAME

(a) Residence, No. 805 1/2 no. 6 st. 25 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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>white</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>Aug. 1 - 1875</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>6</u>
	DAYS <u>11</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>newspaper seller</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation <u>149</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis Missouri</u>		
FATHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>31</u>	
MOTHER	15. MAIDEN NAME	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT (ADDRESS) <u>Hospital information</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Valhalla</u> DATE <u>Feb 15</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>J. H. Murrells, Sons</u>		
20. FILED <u>FEB 15 1932</u> <u>City Hosp</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 12th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan. 7th, 1932 to Feb. 12th, 1932

I last saw him alive on Feb. 12th, 1932 Death is said to have occurred on the date stated above, at 4.05 P.M.

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

Date of onset

Pulmonary Tuberculosis
23A

Other contributory causes of importance

23

Name of operation..... Date of.....

What test confirmed diagnosis? Angiogram Was there an autopsy? Yes

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..... (1)

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify long march to work.
(Signed) City Hosp., M. D.
(Address) City Hosp.

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

Handwritten text at the top right corner, possibly a signature or name.

10

Small handwritten marks or characters in the lower right quadrant.

Small handwritten marks or characters in the bottom left corner.