

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

Do not use this space.

14726

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.

Registered No. **4124**

St.

Ward)

2. FULL NAME **Lucius Washington**

(a) Residence, No. **626 N. Blumhardt St.** **22** Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 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 Cole	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sarah Washington		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-25-1887		
7. AGE YEARS 44	MONTHS 3	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.	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	Partner 245
	10. Date deceased last worked at this occupation (month and year)	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Kansas**

MOTHER FATHER 13. NAME **Geo. Washington**

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

15. MAIDEN NAME **Melvinia Saddle**

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

17. INFORMANT **A. Gutierrez Creath #**
(ADDRESS) **City Hospital #**

18. BURIAL, CREMATION, OR REMOVAL

PLACE **Greenwood** DATE **Apr 28, 1932**

19. UNDERTAKER **W.C. Gordon Und. Co.**
(ADDRESS) **264 S. Morgan St.**

20. FILED **27** **1932** **W. J. Standley**
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-24**, 19**32**

22. I HEREBY CERTIFY, That I attended deceased from **4-4**, 19**32** to **4-24**, 19**32**

I last saw him alive on **4-24**, 19**32** Death is said to have occurred on the date stated above, at **3:05** m.

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

23A
Pulmonary Tuberculosis
Other contributory causes of importance: **23** ①

Name of operation Date of
What test confirmed diagnosis? **Chest X-ray** 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. Smith**, M. D.
(Address) **CITY HOSPITAL #2**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

