

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

Do not use this space.

**1. PLACE OF DEATH**

County..... Registration District No. 791  
Township..... Primary Registration District No. 1053  
City St. Louis (No. City Hospital #2)

File No. 11738  
Registered No. 2818  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3221 Pine St. 21 Ward.

(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 <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>7-3-1886</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>8</u>
	DAYS <u>15</u>	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.	
	10. Date deceased last worked at this occupation (month and year).....	

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

13. NAME Burrell Clark

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

15. MAIDEN NAME Jeanette Hamilton

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

17. INFORMANT A. Strupke, Death #

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis, Ill. DATE 3/27 1933

19. UNDERTAKER A. W. Green

20. FILED 24 1933 Wm. C. Danahy Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-18- 1933

22. I HEREBY CERTIFY, That I attended deceased from 3-1- 1933 to 3-18- 1933

I last saw him alive on 3-18- 1933 Death is said to have occurred on the date stated above, at 8 1/2 m.

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

Chronic myocarditis  
Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....  
What test confirmed diagnosis? Ch. Lab. Was there an autopsy?

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? Yes  
If so, specify Smith M. D.  
(Signed) City Hospital #  
(Address)

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.

WHILE COMPLETELY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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