

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

Do not use this space.

18538

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 119033
City St. Louis 2nd (No. City) Hospital 2

File No.....
Registered No. 4806
St..... Ward)

2. FULL NAME

(a) Residence, No. Municipal Lodging House Ward. 25
(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 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) 5-18-1896
7. AGE YEARS 37 MONTHS DAYS If LESS than 1 day,hrs. ormin.

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
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) Mo

13. NAME Geo. Brown

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

15. MAIDEN NAME Alice Burner

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

17. INFORMANT A. Gertrude Creath (ADDRESS) City Hospital 2

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis U DATE 6-1 1933

19. UNDERTAKER Walter Richter (ADDRESS) 2500 Nutger St

20. FILED -1 1533 1933 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-25-1933

22. I HEREBY CERTIFY, That I attended deceased from 4-5-1933 to 5-25-1933

I last saw him alive on 5-25-1933 Death is said to have occurred on the date stated above, at 8:50 m.

The principal cause of death and related causes of importance were as follows:
23A

Date of onset
Pulmonary Tuberculosis
Other contributory causes of importance:
73

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) Creath M. D.
(Address) City Hospital 2

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

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.

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