

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis Registration District No. 784
Township St. Ferdinand Primary Registration District No. 6030
City St. Louis, Mo. (No. Kimber Park No.)

File No. 24255
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 10 - Mc June St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE C 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) June 2 - 1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
50 1 17

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. House Work
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

FATHER

MOTHER

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) William Sims
10 - Mc June
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE July 21, 1933

19. UNDERTAKER (ADDRESS) English Park
2931 Lucas Ave

20. FILED 8-2 1932 Emmy Harris Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-17-1933

22. I HEREBY CERTIFY, That I attended deceased from 7-10-1933 to 7-17-1933
I last saw him alive on 7-16-1933 Death is said to have occurred on the date stated above, at 3:00 p.m.

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

arteriosclerosis with kidney
inflammation of intestines
Date of onset _____
Other contributory causes of importance: _____

Name of physician _____ Date of _____
What test confirmed diagnosis? specific findings 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) J. S. Dossier M.D.
(Address) 8 hix ave S. Kimber Park

This certificate is subject to the provisions of the Missouri State Health Act. Exact statement of OCCUPATION is very important.

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