

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

Do not use this space.

24886

1. PLACE OF DEATH

County..... Registration District No. 79
Township..... Primary Registration District No. 1222
City St. Louis Mo. City Hospital #2

File No.
Registered No. 6299
St. Ward)

2. FULL NAME

(a) Residence, No. 1721 Biddle St., rd 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 male 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-15-1885
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
47 9 29

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) Miss

13. NAME Merrill Scott

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

15. MAIDEN NAME Nan Wilson

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

17. INFORMANT A. Arthur Creath
(ADDRESS) City Hospital #2

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Park DATE July 24, 1933

19. UNDERTAKER J. H. Harrison
(ADDRESS) 219 06 Lawton

20. FILED 211 1933 J. H. Bredbeck
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-14-, 1933

22. I HEREBY CERTIFY, That I attended deceased (from 6-18, 1933, to 7-14-, 1933)

I last saw him alive on 7-14, 1933 Death is said to have occurred on the date stated above, at 11 P. m.

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

41
Cancer of Stomach
metastases
Other contributory causes of importance:
W4

Name of operation..... Date of.....
What test confirmed diagnosis? th 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?.....
If so, specify.....
(Signed) A. Arthur Creath, M. D.
(Address) City Hospital #2

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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