

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

Do not use this space.

1. PLACE OF DEATH

County.....
 Township St. Louis Registration District No. 791
 City St. Louis (No. 1003) Primary Registration District No. St. Louis City Hospital #2
 File No. 18981
 Registered No. 5504 Ward.....

2. FULL NAME

(a) Residence, No. 2715 Franklin St., 21 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 <u>Male</u>	4. COLOR OR RACE <u>nigro</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF <u>Thelma Gray</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan. 2 1909</u>		
7. AGE	YEARS <u>25</u>	MONTHS <u>4</u>
	DAYS <u>24</u>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Labourer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH
No physician or other name
 21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26 1934

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....

I last saw h..... alive on..... 3-25, 19..... Death is said to have occurred on the date stated above, at..... m.

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

Fracture of Skull
Fracture of Cranium
Fractured Ribs
Recreation of Body received
when an auto struck it while driving
was struck by truck in St. Louis, Mo.
 Other contributory causes of importance:

"Accident"
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide..... Date of injury 5/26/34
 Where did injury occur? St. Louis, Mo.
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accident
 Nature of injury Fracture of Skull

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify.....
 (Signed) J. Sweeney, M.D.
 Address St. Louis, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ala.</u>
	13. NAME <u>John Gray</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u>
	15. MAIDEN NAME <u>Pauline Williams</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>La.</u>
17. INFORMANT (ADDRESS) <u>Mamie Brown</u> <u>2715 Franklin</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>WASHINGTON PARK</u> , DATE <u>June 2 1934</u>	
19. UNDERTAKER (ADDRESS) <u>A. Russell and Co</u> <u>2732 Pine St</u>	
20. FILED <u>2</u> 19 <u>34</u> <u>Jo. J. Bredek</u> Registrar.	

Address St. Louis, Mo.
5/28/34

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.

WRITE CLEARLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

