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.

OCT 11 1934

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

791

Do not use this space.

34358

1. PLACE OF DEATH

County ..... Registration District No. 1003 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 9153

City St. Louis (No. 3911, Aldine St. ..... Ward)

2. FULL NAME Charles Waites, Jr.

(a) Residence, No. 3911 Aldine St., 11 Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: Colored
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): Unknown

7. AGE: Abt. YEARS 35 MONTHS - DAYS - If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
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) ..... 11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

FATHER
13. NAME: Charles Waites, Sr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

MOTHER
15. MAIDEN NAME: Malinda Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Arkansas

17. INFORMANT (ADDRESS): Malinda Rodgers 3911 Aldine

18. BURIAL, CREMATION, OR REMOVAL
PLACE Greenwood Cem. DATE 9 / 16 1934

19. UNDERTAKER (ADDRESS): C. W. Roberts 3035 Lucas Ave.

20. FILED FEB 15 1934 J. H. Brebeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 12, 1934

22. I HEREBY CERTIFY, That I attended deceased from Sept 9 1934 to Sept 12, 1934
I last saw him alive on Sept 12, 1934 Death is said to have occurred on the date stated above, at 6:00 a.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia — Date of onset 9-8-34

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Other contributory causes of importance:

General Neurosis — Unknown
Nervous Shock

Name of operation No Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury ..... 19....
Where did injury occur? Injured during World War in battle (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury Injured in active service
Nature of injury during world war

24. Was disease or injury in any way related to occupation of deceased?
If so, specify .....
(Signed) S. E. Moore, M. D.
(Address) 809 a N. Jefferson