

MAY 31 1937

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

Do not use this space.

1. PLACE OF DEATH  
95 County St. Louis  
2 Township Clayton  
7 City Clayton, Mo.  
Registration District No. 790  
Primary Registration District No. 60339  
(No. St. Louis County Hospital)  
File No. 17586  
Registered No. 158  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Washington, Harry  
(a) Residence, No. 7724 Dale St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 3 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

MEDICAL CERTIFICATE OF DEATH

3. SEX male  
4. COLOR OR RACE white  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married  
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bertha Washington  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 2, 1874  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
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21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 20 1937  
22. I HEREBY CERTIFY, That I attended deceased from April 18, 1937, to April 20, 1937.  
I last saw him alive on April 20, 1937. Death is said to have occurred on the date stated above, at 11:14 P.M.  
The principal cause of death and related causes of importance were as follows:  
Date of onset

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Formerly with  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public Service Co.  
10. Date deceased last worked at this occupation (month and year) Street Car Operator  
11. Total time (years) spent in this occupation

Chronic pyelitis about Mar. 28-37  
930  
Other contributory causes of importance:  
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.  
13. NAME John Washington  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

15. MAIDEN NAME Catherine Powers  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati Ohio

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 \_\_\_\_\_

17. INFORMANT L. T. Washington  
(ADDRESS) 7724 DALE Ave  
18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove Cem. DATE April 23, 1937

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) J. H. [Signature] M. D.  
(Address) St. Louis County Hospital

19. UNDERTAKER G. R. Lupton + Sons  
(ADDRESS) 4449 Olive St.  
20. FILED 4/22 1937 Dr. J. Sigurdson  
Registrar.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state cause of death in plain terms.

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