

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

5142
Do not use this space.

1. PLACE OF DEATH **REC'D MAR 14 1938**

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003** Registered No. **1787**
 (c) City **St. Louis** (d) Street No. **BARNES HOSPITAL** St. **St. Louis**
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **John Harrison Black 429**
 (a) Residence, No. St. **3.A** **Crocker Mo.**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **M.** 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 **Beatha Black**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Oct 1 1862**
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 4 16
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Farmer**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) **1934** 11. Total time (years) spent in this occupation **Life**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tennessee**
 13. NAME **Samuel C Black**
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**
 15. MAIDEN NAME **Jane Gordon**
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Ireland**

17. INFORMANT **Mrs Beatha Black**
 (ADDRESS) **Crocker Mo**
 18. BURIAL, CREMATION, OR REMOVAL PLACE **Crocker Mo** DATE **2-21-1938**

19. FUNERAL DIRECTOR **MITTELBERG FUNERAL HOME, Inc**
 (ADDRESS) **WEBSTER GROVE, MO.**

20. FILED **FEB 20 1938**
J. T. Bredek (Signed) **Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **2-17-1938**
 22. I HEREBY CERTIFY, That I attended deceased from **1-22-38**, 19**38**, to **2-17-38**, 19**38**
 I last saw him alive on **2-17-38**, 19**38** Death is said to have occurred on the date stated above, at **12:10 p.m.**

The principal cause of death and related causes of importance were as follows:
Broncho-pneumonia
 Date of onset **2 days**
 Other contributory causes of importance:
Arterio-sclerosis, generalized 20 years
Sclerosis of coronary arteries 20 years
Emphysema, left foot 4 months

Name of operation Date of
 What test confirmed diagnosis? 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) **B. H. Charles** M. D.
 (Address) **BARNES HOSPITAL.**

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.

STATEMENT BY LICENSED EMBALMER

I, J. G. Sullivan, Licensed Embalmer No. 1122
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No..... or by....., Registered Apprentice No.....
working under my personal supervision.

Signed J. G. Sullivan
Licensed Embalmer No. 1122

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)