

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

Do not use this space.

19582

1. PLACE OF DEATH

County..... Registration District No. 701

Township..... Primary Registration District No. 1003

City St. Louis (No. City Hospital)

File No.

Registered No. 5541

St. Ward)

2. FULL NAME

(a) Residence. No. 4467 Margaretta // Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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 white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF May Squires

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6 - 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
67 3 6

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work. Porter 24
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

10. NAME OF FATHER Samuel Squire

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) England

12. MAIDEN NAME OF MOTHER Sophia Cross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) England

14. Informant Hospital Superintendent (Address) City Hospital

15. FILED 13 19 1958 May 13 1958 Max C. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1931

17. I HEREBY CERTIFY, That I attended deceased from May 10th 1931 to May 12th 1931, that I last saw him alive on May 10th 1931, and that death occurred, on the date stated above, at 11.550 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis

CONTRIBUTORY (SECONDARY) Chronic Nephritis Generalized Arterio-Sclerosis 3) Gangrene left lower extremity (Circulatory)

18. WHERE WAS DISEASE CONTRACTED non Diabetic

IF NOT A PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Autopsy
(Signed) Raymond H. ... M. D.

5/12 1931 (Address) City Hospital

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

Bunker Hill Ill. 5/15 1931

20. UNDERTAKER ADDRESS

Arthur J. Donnelly Undertaker 2039 Wash St

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.

