

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

Do not use this space.

31356

1. PLACE OF DEATH

County St. Louis Registration District No. 784
 Township St. Ferdinand Precinct Registration District No. 6030
 City Black Jack (No. Black Jack) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Eugene C. Ihms
 (a) Residence. No. _____ Black Jack St., _____ 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

Male

4. COLOR OR RACE

White

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)

9-22-27

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, _____ hrs. or _____ min.

3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

At Home

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Black Jack Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Arthur Ihms

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

St. Louis Mo.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Helen Jost

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Mo.

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Arthur Ihms
Black Jack Mo

15.

FILED

Oct 18 1927
Dr. Schmidt

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

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

Oct 5 1927

17.

I HEREBY CERTIFY, That I attended deceased from

Sept 22, 1927, to Oct 5, 1927,
 that I last saw him alive on Oct 5, 1927, and that death occurred, on the date stated above, at 1:20 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Branches-Pneumonia
119-B mal nutrition
107A
158 CONTRIBUTORY acute cardiac caecitis.
 (SECONDARY)
 (duration) yrs. mos. ds. 2
 (duration) yrs. mos. ds. 3

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH?

DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

Physical Findings

(Signed)

F. J. Williams

M. D.

10/5, 1927 (Address) 8321 No. Broadway

*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

Friedens Sew.

10/7 1927

20. UNDERTAKER

ADDRESS

W.A. Stock Mtd Co

2117 E. Grand

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.

10/11
 10/11

