

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.

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

Do not use this space.

22022

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

File No.....

Registered No.....

6189

St.....

Ward.....

2. FULL NAME

(a) Residence. No.....

St.....

12 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

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

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

7. AGE

YEARS

MONTHS

DAYS

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

8. OCCUPATION OF DECEASED

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

(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)

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14.

INFORMANT (Address)

15.

FILED

MEDICAL CERTIFICATE OF DEATH

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

17.

I HEREBY CERTIFY, That I attended deceased from 4-25-1928, to June 7th, 1928 that I last saw him alive on June 7th, 1928, and that death occurred, on the date stated above, at 9:45 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Original Sarcoma of Arm (Rt. ulna) - with generalized metastasis to lung etc. (duration) 3 yrs. 2 mos. 2 ds. CONTRIBUTORY Pulmonary pneumonia (SECONDARY) from Metastasis (duration) 6 mos. - ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH:

DATE OF OPERATION PRECEDE DEATH: DATE OF Apr. 1928 WAS THERE AN AUTOPSY: no WHAT TEST CONFIRMED DIAGNOSIS: X-ray + Biopsy (Signed) Karl S. Dietrich, M.D. (Address) H. Kasper Hosp. - St. Louis

*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

Washington MO 6-10 1928

20. UNDERTAKER

ADDRESS

Murphy & Co. Washington MO

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