

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

Do not use this space.

16255

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 33

City St. Louis, Mo. (No.)

Sanitarium

File No.

Registered No. 4294

2. FULL NAME

Carl H. Case

(a) Residence. No. 4146 Delmar As. 19 Ward.

Length of residence in city or town where death occurred 7 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

3. SEX <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
-----------------------	----------------------------------	--

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 14-1887

7. AGE	YEARS	MONTHS	DAY	IF LESS than 1 day,hra. ormin.
	<u>41</u>	<u>8</u>	<u>29</u>	

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

9. BIRTHPLACE (CITY OR TOWN)..... La Dago
(STATE OR COUNTRY) Indiana

10. NAME OF FATHER Unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Mairville
(STATE OR COUNTRY) Indiana

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) La Dago
(STATE OR COUNTRY) Indiana

14. INFORMANT William T. Geitler M.D.
(Address) 5400 Arsenal St.

15. FILED APR 12 1929 W. T. Geitler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 11 1929

17. I HEREBY CERTIFY, That I attended deceased from Sept 19, 1927, to Apr 11, 1929 that I last saw alive on Apr 10, 1929, and that death occurred, on the date stated above, at 7:55 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Paralysis of the Insane

CONTRIBUTORY (SECONDARY) 83 (duration) 1 yrs. 6 mos. 23 ds. +

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. Unknown

DID AN OPERATION PRECEDE DEATH? No. DATE OF -

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab
(Signed) William T. Geitler M. D.

4/11, 1929 (Address) 5400 Arsenal St.

*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

Frankfort, Ind. DATE OF BURIAL 4-13-1929

20. UNDERTAKER

Petty Bros. 3029 Laf. Ave ADDRESS

WRITE PLAINLY, WITH UNBADING INK--THIS IS A PERMANENT RECORD

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.

63
2
2
2

