

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

Do not use this space.

14642

1. PLACE OF DEATH

County..... Registration District No. 791
 Township St. Louis Primary Registration District No. 1003
 City St. Louis (No. City Hosp. #1)

File No.
 Registered No. 4022
 St. Ward)

2. FULL NAME

(a) Residence. No. St. 23 Ward. Clayton Mo.
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u> </u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Feb.</u>		
7. AGE YEARS <u>ab. 57</u>	MONTHS	DAYS
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Unknown</u> (c) Name of employer. <u>Unknown</u>		
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
PARENTS	10. NAME OF FATHER <u>Heurian</u>	
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) <u>"Unknown"</u>	
	12. MAIDEN NAME OF MOTHER <u>"Unknown"</u>	
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) <u>"</u>	

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 5 1938

17. No Physician in Attendance
 I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19....., that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at 10:59 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Peritonitis
Due to perforation of
a Carcinoma of the
Esophagus

CONTRIBUTORY (SECONDARY) Esophagus (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... DATE OF.....
 WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Kerney M.D.
422 1/2 (Address) Dep. Coroner

*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.

14. INFORMANT. J. W. Kerney
 (Address) Coroner's Office

15. FILED (Date) Apr 22 1938 May C. Stark
 REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL
Potters Field

DATE OF BURIAL
4/23 1938

20. UNDERTAKER
Ziegenhals Bros

ADDRESS
621 Cherokee

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.

