

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

Do not use this space.

28134

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City..... Louis

(No. Perseus City Hosp #1)

File No.

Registered No. 7974

2. FULL NAME

(a) Residence. No. 3647 Page St. Ward. 11

(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)

Divorced

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

Not known

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

Not known

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 68

8. OCCUPATION OF DECEASED

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

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

(c) Name of employer Unemployed

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Not known

10. NAME OF FATHER Not known

11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not known

12. MAIDEN NAME OF MOTHER Not known

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Not known

14.

INFORMANT Ed Martin
(Address) Brighton Hill

15.

FILED AUG 14 1935 W. C. Taylor REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 9 30

17. No Physician Attended
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..... 7:15 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Insulation

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY?.....

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) J. W. Jones, M.D.
8/10, 1935 (Address) Dep. Corona

*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**

St. John's Cemetery Aug 11 30

20. UNDERTAKER **ADDRESS**
Corona LRU Co 2707 N. 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.

