

MAR 27 1931

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

Do not use this space.

7030

1. PLACE OF DEATH

County St. LouisRegistration District No. 1170File No. 624814Township RichmondPrimary Registration District No. 43Registered No. 43City RichmondSt. St. Marys Hospital Ward)

2. FULL NAME

(a) Residence. No. 4530^a Easton Ave St. St. Louis, Mo. Ward. St. Louis, 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Florence Churchill6. DATE OF BIRTH (MONTH, DAY AND YEAR) Unknown 18687. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 63 Unknown

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work City Fireman(b) General nature of industry, business, or establishment in which employed (or employer) 101

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri10. NAME OF FATHER John Churchill11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri12. MAIDEN NAME OF MOTHER Margaret Unknown13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri14. INFORMANT Florence Churchill
(Address) 4530^a Easton Ave15. FILED 2/10 1931 Col Jensen REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 8 193117. I HEREBY CERTIFY, That I attended deceased from Feb 4, 1931, to Feb 8, 1931, that I last saw him alive on Feb 8, 1931, and that death occurred, on the date stated above, at 6:35 P. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bilateral Labor Pneumonia100
93 C
(duration) yrs. mos. 8 ds.CONTRIBUTORY (SECONDARY) Chronic Myocarditis
(duration) yrs. mos. ds.18. WHERE WAS DISEASE CONTRACTED Not known
IF NOT AT PLACE OF DEATH.DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY? NoWHAT TEST CONFIRMED DIAGNOSIS X-ray (1)
(Signed) W. J. Heister, M. D.7/9, 1931 (Address) 837 Union Club

*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 Calvary Cemetery DATE OF BURIAL 2/11 193120. UNDERTAKER Arthur J. Donnelly, Undertaker ADDRESS 2039 Wash St

WRITE PLAINLY WITH UNFADING 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.

Dr. J. ...
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