

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

Do not use this space.

27111

1. PLACE OF DEATH

County

Registration District No. **791**

Township

Primary Registration District No. **1005**

City **St. Louis** (No. **City**)

Hospital

File No.

Registered No. **8321**

St.

Ward)

2. FULL NAME

(a) Residence, No. **911 So. 9th St.**

(Usual place of abode)

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **Life**

years

mos.

da.

How long in U. S., if of foreign birth?

years

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <i>female</i>	4. COLOR OR RACE <i>white</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>single</i>	
		6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>June 30 - 1931</i>			
7. AGE	YEARS	MONTHS	DAYS
			<i>26</i>
	IF LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>nil</i>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>St. Louis, Mo.</i>			
FATHER	13. NAME <i>Graval Rodriguez</i>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mexico</i>		
MOTHER	15. MAIDEN NAME <i>Lufe Peres</i>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Mexico</i>		
17. INFORMANT (ADDRESS) <i>Hospital Information Office, St. Louis</i>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <i>St. Louis</i>		DATE <i>7/31</i>	
19. UNDERTAKER (ADDRESS) <i>W. Richter, 3500 Patton</i>			
20. FILED <i>JUL 31 1931</i>			

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 26, 1931*

22. I HEREBY CERTIFY: That I attended deceased from *July 24th, 1931* to *July 26th, 1931*

I last saw him alive on *July 26, 1931*. Death is said to have occurred on the date stated above, at *11:00 P.M.*

The principal cause of death and related causes of importance were as follows:

159
159 mardemus

Date of onset

Other contributory causes of importance: *Chorea*

Name of operation: *159* Date of

What last confirmed diagnosis? *clin + lab* Was there an autopsy? *none*

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury, 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) *J. Reichman*, M. D.

(Address) *City Hospital*

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.

Rodrigues

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