

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

Do not use this space.

29295

1. PLACE OF DEATH

County St. Louis Registration District No. 189
Township Central Primary Registration District No. 60.3303
City Overland (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 19427 - Emerson Ward. _____
(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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Shredenske
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) unknown
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
about 61
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs
10. Data deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Europe

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) u

15. MAIDEN NAME u

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) u

17. INFORMANT (ADDRESS) Stanley Shredenske
6532 Chamberlain

18. BURIAL, CREMATION, OR REMOVAL PLACE S. S. Peter & Pauls DATE 8-29-31

19. UNDERTAKER (ADDRESS) Brunnans Bros.
504 Woodson Rd. Overland, Mo.

20. FILED 8/27/31 Rolla Bracy M. D. Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 24, 1931, to Aug 26, 1931
I last saw him alive on Aug 26, 1931. Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

Acute Lobar Pneumonia 8/21/31
100%
930/108
Other contributory causes of importance: Ch. myxomatosa 1 yr.

Name of operation Aspir. non Date of _____
What test confirmed diagnosis? Aspir. negs Was there an autopsy? No

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) John C. Conwell M. D.
(Address) St. Louis County

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.

EP 25 1931

