

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

Do not use this space.

32785

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1003**

City **St. Louis Mo.** (No. **1406 S. Compton Av.**)

File No. ....

Registered No. **9649**

**2. FULL NAME**

(a) Residence, No. **1406 S. Compton Av. 17** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred

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

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **male** 4. COLOR OR RACE **white** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 25-1848**

7. AGE YEARS **83** MONTHS **1** DAYS **18** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Street Dept.** 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **City Employer** 10. Date deceased last worked at this occupation (month and year) **Nov. 1929** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Kentucky**

FATHER 13. NAME **Unknown**

14. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Kentucky**

MOTHER 15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) **Unknown** (STATE OR COUNTRY) **Kentucky**

17. INFORMANT **Mrs. Amelia Rowden** (ADDRESS) **1406 S. Compton Av.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Marcus** DATE **Sept 14 1931**

19. UNDERTAKER **E. J. Schum** (ADDRESS) **3125 Lafayette Ave.**

20. FILED **SEP 14 1931** Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept 12 1931**

22. I HEREBY CERTIFY, That I attended deceased from **Sept. 7 1931**, to **Sept 12 1931**. I last saw him alive on **Sept 12 1931**. Death is said to have occurred on the date stated above, at **11:25 a.m.**

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

**Chronic Interstitial Nephritis**  
**Sciility**

Other contributory causes of importance: **Sciility**

Name of operation..... Date of..... **200**  
What test confirmed diagnosis?..... Was there an autopsy?.....

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 **Otto P. Hansen** (Signed) **3156 Park Ave** (Address) M. D.

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.

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