

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

Do not use this space.

39499

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **1003**
City **St. Louis, Mo** (No. **6** City **Infirmary**)

File No.....
Registered No. **11689**
St. Ward)

2. FULL NAME

(a) Residence No. **5800 Arsenal** St., **B** Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred **20** 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) **widow**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **May 14 1854**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 **6** **2**

OCCUPATION 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.
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) **Connecticut**

FATHER 13. NAME **Unknown**

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

MOTHER 15. MAIDEN NAME **Unknown**

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

17. INFORMANT **Marie Effinger** (ADDRESS) **5800 Arsenal St.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **St Louis U** DATE **11-18** 1931

19. UNDERTAKER **Walter Richter** (ADDRESS) **3500 Rutledge St**

20. FILED **NOV 23 1931** 1931 **Max W. ...** Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **11-16** 19**31**

22. I HEREBY CERTIFY, That I attended deceased from **Nov 1,** 19**31**, to **Nov 16** 19**31**

I last saw him alive on **Nov 15** 19**31**. Death is said to have occurred on the date stated above, at **10 a.m.**

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

Chronic myocarditis
73C
102
162
99C
Date of onset

Other contributory causes of importance:

semitia
hypertension

Name of operation..... Date of.....

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? **No**
If so, specify.....

(Signed) **Dr. Creston Hall** M. D.

(Address) **5800 Arsenal**

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

MARGINS RESERVED FOR BINDING

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.

V.S. NO. 2.

