

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

Do not use this space.

39654

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 791B
 City St. Louis (No. City Hospital #1) St. 11868 Ward.....

2. FULL NAME

(a) Residence, No. Unknown St. 23 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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Ab. 51

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Machinist

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) unk 11. Total time (years) spent in this occupation unk

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

13. NAME Unknown

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

15. MAIDEN NAME !

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

17. INFORMANT J. W. Kerner
 (ADDRESS) Coroner's Court

18. BURIAL, CREMATION, OR REMOVAL PLACE Potters Field DATE 11-28-31 19

19. UNDERTAKER Regulam Bros.
 (ADDRESS) 2721 Cheate St

20. FILED 27 19 1931 Man [unclear] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 4 1931

22. I HEREBY CERTIFY, That I attended deceased from No Physician attended 1931 to 1931

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 9:50 a.m.

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

Chronic Myocarditis Date of onset
Chronic Interstitial Nephritis

Other contributory causes of importance:
131
131

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

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 J. W. Kerner M. D.
 (Signed) J. W. Kerner
 (Address) 1125 31st

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.

WHITE PRINTED WITH UNFADING INK—THIS IS A PERMANENT RECORD

