

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

Do not use this space.

1. PLACE OF DEATH

County _____ Registration District No. _____
 Township St. Louis Primary Registration District No. _____
 City St. Louis (No. Barnes Hospital) St. _____ Ward _____

39729

File No. _____
 Registered No. 11948

2. FULL NAME

Joseph Charles Demuth
 (a) Residence, No. 1746 Missouri Ave St. 2 Ward. 2 St. Louis Ill
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Antoinette De Muth</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 6 1883</u>		
7. AGE	YEARS <u>48</u>	MONTHS <u>6</u>
	DAYS <u>24</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Operator</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Chas. F. Mohr Glass Co. 927</u>	
	10. Date deceased last worked at this occupation (month and year) <u>July 31 1931</u>	
11. Total time (years) spent in this occupation <u>35</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
MOTHER	13. NAME <u>John Kelly</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>	
	15. MAIDEN NAME <u>Anna Paulsford</u>	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St. Louis, Mo.</u>		
17. INFORMANT (ADDRESS) <u>Vertude De Muth, 1746 Missouri Ave, St. Louis</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Atton, Ill.</u> DATE <u>12, 3 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Robert H. Stanger, Atton, Ill.</u>		
20. FILED <u>NOV 30 1931</u> 19 <u>31</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17, 1931, to Nov 30, 1931.
 I last saw him alive on Nov. 30, 1931. Death is said to have occurred on the date stated above, at 9:55 A.M.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Arteriosclerosis
 Other contributory causes of importance:
Asphyxiation

Name of operation _____ Date of _____
 What test confirmed diagnosis? Autopsy 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? No.
 If so, specify _____
 (Signed) F. B. Bradley, M. D.
 (Address) Barnes Hospital

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

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.

