

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.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Do not use this space.

2445

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City.....

Sanitarium

File No.

Registered No.

110

St.

Ward)

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

13

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

14 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)

Married

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

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

May 31, 1880

7. AGE

YEARS

51

MONTHS

7

DAYS

3

If LESS than 1 day, ... hrs. or min.

OCCUPATION

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

Shoemaker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Unknown

10. Date 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)

St. Louis, Missouri

FATHER

13. NAME

Unknown

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

St. Louis, Missouri

MOTHER

15. MAIDEN NAME

Unknown

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

Pennsylvania

17. INFORMANT (ADDRESS)

W. F. McManis, M.D.
5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL

PLACE

St. Matthews

DATE

Jan. 6

1932

19. UNDERTAKER (ADDRESS)

E. J. Schuch
212 N. 4th St.
St. Louis, Mo.

20. FILED

JAN - 4 1932

19

W. F. McManis, M.D.

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Jan 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1932, to Jan 3rd, 1932

I last saw him alive on Jan 3rd, 1932 Death is said

to have occurred on the date stated above, at 12:20 p.m.

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

Date of onset

Huntington's chorea 8-3-33

Other contributory causes of importance:

Name of operation

Date of

What test confirmed diagnosis?

Clinical

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

(Signed) William F. McManis, M.D.

(Address) 5400 Arsenal

