

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

Do not use this space.

791
503B

2491

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....

City St. Louis (No. City Hospital)
16703

File No.....
Registered No. 160
St. Ward)

2. FULL NAME

(a) Residence, No. 4806 N. Broadway Ward. 9
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 7 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 15 1870

7. AGE YEARS 66 MONTHS 4 DAYS 20 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Porter
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 245
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) Austria 3

FATHER 13. NAME Yasa Mroscher

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hospital information
Eschsch Kopp
City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Leahway DATE Jan 7 1932

19. UNDERTAKER (ADDRESS) Edw. Koch

20. FILED IN - 6 133712 1932
12-25-19 Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 5th 1932

22. I HEREBY CERTIFY That I attended deceased from Jan. 2nd 1932 to Jan. 5th 1932

I last saw him alive on Jan. 5th 1932 Death is said to have occurred on the date stated above, at 2:55 P.M.

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

Acute fibrinous pericarditis
Peritonitis
Acute Cholecystitis with Cholelithiasis
Liver abscesses

Other contributory causes of importance: 12:13
12:13
12:13

Name of operation..... Date of.....
What test confirmed diagnosis Clinical 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 7, 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..... 1

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....

(Signed) Alfred Miller, M. D.
(Address) City 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.

Prosher.