

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

Do not use this space.

2539

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1073
 City St Louis (No. Bethesda Hospital) St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 4477 Margaretta Ave Ward. 10
 (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

1. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>None</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct. 24, 1931</u>		
7. AGE	YEARS	MONTHS
	<u>—</u>	<u>7</u>
		DAYS
		<u>13</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>None</u>	
	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) <u>Kirkville Mo</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown 31</u>	
MOTHER	15. MAIDEN NAME <u>Mabel E. Miller</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo</u>	
17. INFORMANT <u>Mabel E. Miller</u> (ADDRESS) <u>4477 Margaretta</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cem</u> DATE <u>Jan. 9, 1932</u>		
19. UNDERTAKER <u>Drehrman, David</u> (ADDRESS) <u>1506 Union Blvd</u>		
20. FILED <u>JAN - 8 1932</u> <u>W. H. Riley</u> Registrar.		

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-4, 1932 to 1-7, 1932
 I last saw ~~him~~ alive on 1-7, 1932 Death is said to have occurred on the date stated above, at 3:30 p.m.
 The principal cause of death and related causes of importance were as follows:
Bronchopneumonia primary
1078
159
158
100%
 Other contributory causes of importance:
Crementarity
Malnutrition
 Name of operation..... Date of.....
 What test confirmed diagnosis? X-ray Was there an autopsy? 1:10

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) W. H. Riley, M. D.
 (Address) 4660 Maryland St

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.

