

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

Do not use this space.

2633

1. PLACE OF DEATH

County.....

Registration District No. 1001

Township.....

Primary Registration District No. 1003

City St. Louis (No. City, Hospital)

File No.
Registered No. 326
St. Ward)

2. FULL NAME

(a) Residence, No. 3614 Parsons St. 11 Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 4 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 4 5

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter
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) St. Louis (STATE OR COUNTRY) Mo.

MOTHER 13. NAME Unknown

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS) Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis Cemetery DATE 1-12-32

19. UNDERTAKER (ADDRESS) A. W. McLaughlin

20. FILED Jan 11 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9th 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th 1932 to Jan. 9th 1932
I last saw him alive on Jan 9th 1932 Death is said to have occurred on the date stated above, at 11:50 a.m.

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

131
Chronic Myocarditis
Other contributory causes of importance:

Chronic Nephritis

Name of operation Date of
What test confirmed diagnosis? Chronic Was there an autopsy? No

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 Raymond Jacob M. D.
(Signed) Raymond Jacob
(Address) City of St. Louis

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.

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

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