

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

Do not use this space.

5925

1. PLACE OF DEATH

96 County St. Louis Registration District No. 184
Township St. Louis Primary Registration District No. 1670
City St. Louis St. Louis Training School St. _____ Ward _____

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. St. Louis Training School Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. 4 mos. 27 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M
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. 13, 1921

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
10 4 27

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work School Boy
(b) General nature of industry, business, or establishment in which employed (or employer) None
(c) Name of employer St. Louis Training School

9. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Albert G. Sewing

11. BIRTHPLACE OF FATHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Alma Schroer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

14. INFORMANT Records of St. Louis Training School
(Address)

15. FILED 3/5, 1932 Emma J. Harris REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 10, 1932

17. I HEREBY CERTIFY, That I attended deceased from April 2, 1930 to Feb. 10, 1932 that I last saw him alive on Feb. 10, 1932 and that death occurred, on the date stated above, at 12:20 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchial Pneumonia
1075
95 (duration) yrs. 1 mos. 10 ds.

CONTRIBUTORY (SECONDARY) Epilepsy
(duration) 2+ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED None
IF NOT AT PLACE OF DEATH _____

0 DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical
(Signed) L. A. Mierch, M. D.

Feb. 10, 1932 (Address) St. Louis Training School

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL St. Peters Cemetery DATE OF BURIAL Feb. 13, 1932

20. UNDERTAKER Kings Highway Memorial ADDRESS St. Louis Highway Lexington
W. H. Co.

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.

MAR 25 1932

