

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

Do not use this space.

6440

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo. (No.) City Lamar (No.) Ward.....

File No.
Registered No. 1479
St. Ward.....

2. FULL NAME

(a) Residence, No. 5036 Enright Apt. 13 Ward..... (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 22 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
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 6, 1885
7. AGE YEARS 46 MONTHS 8 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Restaurant business
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) Unknown, Greece

13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Greece

17. INFORMANT (ADDRESS) Dr. Mullins, M. D. 5400 Arsenal

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem DATE Feb 17 1932

19. UNDERTAKER (ADDRESS) H. Rindskopf 5286 Delmar
20. FILED FEB 15 1932 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 15 1932
22. I HEREBY CERTIFY, That I attended deceased from May 16 1929, to 2 - 15 1932
I last saw him alive on 2 - 15 1932 Death is said to have occurred on the date stated above, at 6:30 a.m.
The principal cause of death and related causes of importance were as follows:

2, 3, 1
89
Pulmonary tuberculosis 1-11-32
Other contributory causes of importance: 2, 3
degenerative process 5-16-29

Name of operation..... Date of.....
What test confirmed diagnosis? Chest X-ray 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..... (D)

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Dr. Mullins, M. D.
(Address) 5400 Arsenal

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.

7