

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

Do not use this space.

6449

1. PLACE OF DEATH

County..... Registration District No.....
Township..... # Primary Registration District No.....
City, *St. Louis*, (No. *5602 Brought Ave*) St. Ward)

File No.
Registered No. *1488*

2. FULL NAME

(a) Residence, No. *#5602 Brought Ave 5* Ward.....
(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

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Earl E. Thompson*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 20th 1873*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<i>58</i>	<i>8</i>	<i>23</i>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *235*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *at home*

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) *Indianapolis, Ind*

13. NAME *Zacharia Keller*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ohio*

15. MAIDEN NAME *Harriett Haller*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

17. INFORMANT (ADDRESS) *E. E. Thompson #5602 Brought, Ave*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Calhoun* DATE *2-16-32* 1932

19. UNDERTAKER (ADDRESS) *W. H. ...*

20. FILED *Feb 15 1932* Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 13* 19 *32*

22. I HEREBY CERTIFY, That I attended deceased from *Jan 29* 19 *31* to *Feb 13* 19 *32*
I last saw him alive on *Feb 13* 19 *32* Death is said

to have occurred on the date stated above, at *3:15* m.
The principal cause of death and related causes of importance were as follows:

*Coronary Occlusion
Angina Pectoris
72A 92A
94B*

Other contributory causes of importance:
Myocardial Infarction

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? *No*
If so, specify.....
(Signed) *L. O. Munch*, M. D.
(Address) *307 W. 11th St. St. Louis, Mo.*

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.

11-12

3903 Olive
Wall Bldg.