

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

Do not use this space.

10418

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City..... (No. 2208)..... St. St. Louis..... Ward.....

File No. 2461
Registered No.....
St. Ward.....

2. FULL NAME

Residence, No. 2208 Victor St. 23. 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 male
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 Marie Clark

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 10, 1887

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
44 7 7

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wall-Winslowing

10. Date deceased last worked at this occupation (month and year) Nil. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 1

13. NAME Bernard Clark

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 15

15. MAIDEN NAME Annie Gerschlager

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis 2

17. INFORMANT Mrs. Marie Clark
(ADDRESS) 2208 Victor St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem. DATE 3-16-1932

19. UNDERTAKER Witt Bros. & Co.
(ADDRESS) 920 1/2 North 1st St. St. Louis

20. FILED MAR 15 1932

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13, 1932

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1932 to March 13, 1932. I last saw him alive on March 13, 1932. Death is said to have occurred on the date stated above, at 11:30 a.m.

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

Acute Lobar Pneumonia
Circulatory failure

Date of onset

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? 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

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 Adam A. Youngman

(Signed) 5439 Granger, M. D.

(Address) St. Louis

Registrar

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

