

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

N. B.—Every item of information should be carefully studied. 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.

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **3113**, **East Prairie Ave.**, **9** Ward) Registered No. **2800**

2. FULL NAME

(a) Residence, No. **3113 East Prairie Ave.**, **9** Ward. (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. F MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 14, 1850		
7. AGE	YEARS 81	MONTHS 10
	DAYS 8	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Box Maker	
	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) (STATE OR COUNTRY) Ohio		
FATHER	13. NAME George Fogle	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool England	
MOTHER	15. MAIDEN NAME Mertie Graham	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liverpool England	
17. INFORMANT (ADDRESS) Jacob E. Burkhardt 3113 East Prairie Ave		
18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Mar 23 19 37		
19. UNDERTAKER (ADDRESS) Meth. Hermann & Son 3113 East Prairie Ave		
20. FILED 4 23 1937 May C. Starkey Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Mar. 22nd**, 19**37**

22. I HEREBY CERTIFY, that I attended deceased from **Feb. 20**, 19**37**, to **March 21**, 19**37**. Death is said to have occurred on the date stated above, at **5:10 P.M.**

The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia
Chronic Hypertension

Other contributory causes of importance:
Chronic Hypertension

Name of occupation..... 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.....

24. Was disease or injury in any way related to occupation of deceased? **No**
 If so, specify.....
 (Signed) **J. H. Davison**, M. D.
 (Address) **2227 Market St. St. Louis**

