

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

Do not use this space.

10929

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 21003
City St. Louis Mo (No. City Hospital 21) St. Ward

File No.
Registered No. 3007
St. Ward

2. FULL NAME

(a) Residence, No. Front of Miller St., 23 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 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 Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-20-1893
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 7 3

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

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Dr. Hospital Death

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Louis DATE 3-26 1932

19. UNDERTAKER (ADDRESS) Walter Richter
3500 Rutledge St

20. FILED MAR 28 1932 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-23 1932

22. I HEREBY CERTIFY, That I attended deceased from 1-9 1932, to 3-23 1932
I last saw him alive on 3-23 1932 Death is said to have occurred on the date stated above, at 5 p.m.

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

Chronic Tuberculosis
Other contributory cause of importance:
23A 23 1

Name of operation Date of
What test confirmed diagnosis? Microscopic 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?

If so, specify (Signed) Ministry M. D.
(Address) City Hospital 21

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.

