

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

Do not use this space.

11088

**1. PLACE OF DEATH**

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

File No.....  
Registered No. 3172  
St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 5800 Arsenal St., 13 Ward.  
(Usual place of abode) (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 <u>Male</u>	4. COLOR OR RACE <u>Col.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Mar 20 1872</u>		
7. AGE	YEARS <u>59</u>	MONTHS <u>0</u>
	DAYS <u>10</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Pullman Port</u>	11. Total time (years) spent in this occupation <u>43</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Pullman Co</u>	
	10. Date deceased last worked at this occupation (month and year) <u>undetermined</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

FATHER 13. NAME Wm White

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

MOTHER 15. MAIDEN NAME Marie Young

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn

17. INFORMANT M. Effinger  
(ADDRESS) 5800 Arsenal av

18. BURIAL, CREMATION, OR REMOVAL PLACE Augustine Hill DATE 4/21/1932

19. UNDERTAKER Peoples Undertaking Co.  
(ADDRESS) 3100 Franklin ave

20. FILED May 1 1932  
Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1932

I HEREBY CERTIFY, That I attended deceased from July 7 1931 to March 30 1932  
I last saw him alive on March 30 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:

Chronic Myocarditis Date of onset 9:32 p.m.  
8:29  
Other contributory causes of importance: Hemiplegia, Rt. Apoplectic

Name of operation None Date of None  
What test confirmed about Cardiac Area Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide No 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) John Eschenbrenner M. D.  
(Address) 5800 Arsenal St.

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.

