

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.

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. 701
Township Primary Registration District No. 1001
City St. Louis (No. City Hospital)

File No. 14149
Registered No. 3480
St. Ward)

2. FULL NAME

(a) Residence, No. 3329 Ellison St. 26 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 58 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) widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25-1873

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>3</u>	<u>14</u>	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. millworker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 58
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.....

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

13. NAME Joseph Walter

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

15. MAIDEN NAME Jane Kern

16. BIRTHPLACE (CITY OR TOWN) Belleville (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Hospital Information Dept. City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Apr. 11 1932

19. UNDERTAKER (ADDRESS) Wm. Hermann & Son 3740 East Park Blvd.

20. FILED APR -9 1932 at St. Louis Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 8th, 1932

22. I HEREBY CERTIFY That I attended deceased from April 4th, 1932 to April 8th, 1932
I last saw him alive on April 8th, 1932 Death is said to have occurred on the date stated above, at 7:40 a.m.

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

Intestinal Obstruction Date of onset
due to inflammatory mesenteric adhesions associated with Meckel's Diverticulum

Other contributory causes of importance: 1270B

Name of operation Intestinal Date of April 8, 1932
What test confirmed diagnosis? Open 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 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 Meckel's Diverticulum (Signed) City Hospital M. D. (Address) City Hospital

