

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.

14155

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1078
 City St. Louis (No. 1st, St. Ann) St. Ward)

File No.
 Registered No. 3487
 St. Ward)

2. FULL NAME

(a) Residence No. Jefferson St. 13 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 <u>M</u> | 4. COLOR OR RACE <u>W</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Wid.</u> | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Widow</u> | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>February 28-1885</u> | | | |
| 7. AGE | YEARS <u>77</u> | MONTHS <u>1</u> | DAYS <u>9</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>W. Watchman</u> | | |
| | 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) <u>Ohio</u> <u>2</u> | | | |
| FATHER | 13. NAME <u>Fredrick (Good) Unknown</u> | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u> | | |
| MOTHER | 15. MAIDEN NAME <u>Margret (Unknown)</u> | | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>France</u> <u>9</u> | | |
| 17. INFORMANT <u>Dr. Edgington</u> (ADDRESS) <u>2405 Chestnut</u> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Sunset</u> DATE <u>April 9, 1932</u> | | | |
| 19. UNDERTAKER <u>Wick Bros</u> (ADDRESS) <u>2201 S. Grand</u> | | | |
| 20. FILED <u>APP - 9 1932</u> <u>Max Stanley</u> Registrar. | | | |

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-7-1932

22. I HEREBY CERTIFY, That I attended deceased from Apr 1st, 1932, to Apr 6, 1932
 I last saw him alive on Apr 6th, 1932 Death is said to have occurred on the date stated above, at 7:00 A.M.
 The principal cause of death and related causes of importance were as follows:
Ch. Myocarditis
Arteriosclerosis
Senility

Other contributory causes of importance
None

Name of operation 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?

If so, specify Melvin J. Jess, M. D.
 (Signed) Melvin J. Jess
 (Address) City of St. Louis

