

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

Do not use this space.

14684

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 7008
 City St. Louis (No. City Hospital)
 St. Ward)

2. FULL NAME

(a) Residence, No. 221 So. Broadway St. 25
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 40 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 19-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
60 11 7-9

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237

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) Illinois

13. NAME William Dewyer

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

15. MAIDEN NAME Fannie Ellis

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

17. INFORMANT (ADDRESS) Hospital Information

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington DATE 4-15 1932

19. UNDERTAKER (ADDRESS) Walter Richter

20. FILED 211 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 7th 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 6:55 A.M.
 The principal cause of death and related causes of importance were as follows:

Chc myocarditis
131
99
 Other contributory causes of importance: Chc nephritis

Name of operation 131 Date of 7-7
 What test confirmed diagnosis? Alkali 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 Chc Myocarditis
 (Signed) [Signature], M. D.
 (Address) City Hospital

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

