

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

Do not use this space.

14872

1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City, *St. Louis* (No. *City Hospital*)

File No.....

Registered No.....

St.....

Ward.....

2. FULL NAME

(a) Residence, No. *909 No. 18th St.*

(Usual place of abode)

21 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *Life* 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)

separated

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

Blouise Bristol

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 7 - 1846

7. AGE

YEARS *35*

MONTHS *6*

DAYS *22*

If LESS than 1 day, hrs. or min.

OCCUPATION

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

Laborer

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

Retired

10. Date deceased last worked at this occupation (month and year)

April 1932

11. Total time (years) spent in this occupation *18*

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

St. Louis Missouri

MOTHER FATHER

13. NAME

Edw. Bristol

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

Jefferson Mo

15. MAIDEN NAME

Elyz. Frick

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

Belleville Illinois

17. INFORMANT (ADDRESS)

Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE

Valhalla Cem DATE May 2 1932

19. UNDERTAKER (ADDRESS)

Dreihmann & Kahl 1925 Union Blvd

20. FILED

MAY -2 1932

Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

April 29th, 1932

22. I HEREBY CERTIFY, That I attended deceased from

April 26th 1932, to April 29th, 1932

I last saw *him* alive on *April 29th, 1932* Death is said

to have occurred on the date stated above, at *3:05a.m.*

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

Left lower lobe pneumonia

Date of onset

Other contributory causes of importance:

Chr. Myocarditis

Name of operation.....

Date of.....

What test confirmed diagnosis..... Was there an autopsy? *Yes*

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) *J. P. Rechner* M. D.

(Address) *City Hospital*

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.

Bristol