

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

Do not use this space.

17767

1. PLACE OF DEATH

County Registration District No.
 Township Primary Registration District No.
 City St. Louis Mo (No. Alexan Bros. Hospital) St. Ward) 4721

2. FULL NAME

(a) Residence, No. 221 S. Broadway St. 125 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 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

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
about 63 — — —

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Night Watchman ¹¹⁸⁻

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Haehnel 221 S. Broadway

10. Date deceased last worked at this occupation (month and year) May 1932 11. Total time (years) spent in this occupation 8 yrs

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

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Mr. Geo. Haehnel
 (ADDRESS) 221 S. Broadway

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Crematory DATE May 16 1932

19. UNDERTAKER E. J. Schurz
 (ADDRESS) 3125 Lafayette Ave.

20. FILED MAY 17 1932 Max Standley
 Registrar.

MEDICAL CERTIFICATE OF DEATH

13

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-10-1932, to 5-13-1932

I last saw him alive on May 13 1932 Death is said to have occurred on the date stated above, at 9 P.M.

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

uremic poisoning
136 ft
135A
132B
136W

Other contributory causes of importance:
stricture of urethra
gonorrhoea & not could not be determined

Name of operation Cystotomy Date of 13
 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 Yes
 (Signed) E. B. Croll
 (Address) 3125 Lafayette Ave.

13218 S. Broadway.

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.

