

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

Do not use this space.

20957

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

Township.....

Primary Registration District No. **1008**

City.....

*St. Louis*

(No. *306 1/2 S. 2nd*)

File No.....

Registered No. **5453**

St. ....

Ward)

**2. FULL NAME**

(a) Residence, No. *306 1/2 S. 2nd* St., *65* Ward.

(Usual place of abode)

(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.

*abt 78*

OCCUPATION

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

*Unknown*

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

*Unknown*

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)

*Germany 10*

13. NAME

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

*3'*

15. MAIDEN NAME

*Unknown*

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

17. INFORMANT

(ADDRESS)

*T. J. Every, Coroner's office*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *St. Matthews* DATE *6/8/32*

19. UNDERTAKER

(ADDRESS)

*Ziegenhein Bros, 226 1/2 Chestnut*

20. FILED

DATE

19

*May 15, 1932*  
*W. H. Hartley*  
Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *6-2-32*, 19

22. I HEREBY CERTIFY, That I attended deceased from *No Physician in Attendance* 19 to 19.

I last saw h..... alive on..... 19..... Death is said

to have occurred on the date stated above, at *7:30 p.m.*

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

*2000*

*Cause of death undetermined*

*Body to badly decomposed*

Other contributory causes of importance:

*2000*

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.....

(Signed) *J. W. Kerner*

(Address) *Dep. Coroner*

*6/8/32*

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.

