

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. *791*
Township..... Primary Registration District No. *102*
City *St. Louis* (No. *City Hospital*)

File No. *24628-A*
Registered No. *6768*
St. Ward)

2. FULL NAME

(a) Residence, No. *1527 East Grand* 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) *Widowed*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Winnie K. Garner*
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Aug 21, 1874*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 11 -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Disabled Soldier*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *188*
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) *Clyde Ohio*

13. NAME *Unknown*

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

15. MAIDEN NAME *Unknown*

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

17. INFORMANT *Mrs. Marie Scherer*
(ADDRESS) *4563 Page Ave.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Jefferson Park Burial 7/23/39*

19. UNDERTAKER (ADDRESS) *Seidman's Funeral Home*

20. FILED *1939* Registrar *W. J. ...*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 21, 1939*
22. ~~NOTIFIED~~ That I attended deceased from *attendance*, 19 *attendance*
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at *4:40 A.M.*
The principal cause of death and related causes of importance were as follows:

191
Heart Prostitution
Other contributory causes of importance *191* *(B) (7)*
Date of onset

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. J. ...*, M. D.
(Address) *Explorator*

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.

