

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

Do not use this space.

24986

1. PLACE OF DEATH

County Registration District No. *777*
 Township *St. Louis* Primary Registration District No. *DE 22*
 City *St. Louis* (No. *Eugene City Hosp*) Ward)

2. FULL NAME

(a) Residence, No. *Unknown* St. *223* 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 <i>M.</i>	4. COLOR OR RACE <i>W.</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Unknown</i>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Unknown</i>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Unknown</i>		
7. AGE <i>ab. 60</i>	YEARS	MONTHS DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Unknown</i>		11. Total time (years) spent in this occupation <i>Unknown</i>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. "		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>		
13. NAME		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
15. MAIDEN NAME		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)		
17. INFORMANT <i>J. W. Kerner</i> (Address) <i>Coroner's Court</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Potters Field</i> DATE <i>8-18</i> 19 <i>37</i>		
19. UNDERTAKER <i>James E. Brown</i> (Address) <i>2602 E. Chestnut St</i>		
20. FILED <i>16</i> 19 <i>37</i> <i>W. E. Sturckey</i> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *July 31*, 19 *37*

22. I HEREBY CERTIFY, That I attended deceased from *No Physician*, 19 *37*, to *Attended*, 19 *37*.

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at..... m.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
936

Other contributory causes of importance:
(Diagrams)

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 *No Injury*
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) *J. W. Kerner*, M. D.
 (Address) *Dep Coroner*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

V. S. NO. 2

