

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

Do not use this space.

26103

**1. PLACE OF DEATH**

County Jackson

Registration District No. 399

Township New

Primary Registration District No. 1002

City St. Louis

(No. 3927 Michigan)

File No. \_\_\_\_\_  
Registered No. 3006  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. 3927 Michigan St. Ward. 13  
(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 M. 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 26 - 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
39 8 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. clerk 105

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

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) Kansas City, Mo.

13. NAME William Church

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) no record

15. MAIDEN NAME No Record

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

17. INFORMANT Mrs. Harriet Church

(ADDRESS) 3927 Michigan

18. BURIAL, CREMATION, OR REMOVAL PLACE Memorial Park DATE Aug - 4 - 32

19. UNDERTAKER Mrs. C. F. Foster

(ADDRESS) 918 Birch

20. FILED Aug 3 3 11 P. M. Crome Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 2 1932

22. I HEREBY CERTIFY, That I attended deceased from July 10, 1932, to August 2, 1932

I last saw him alive on August 2, 1932. Death is said

to have occurred on the date stated above, at 1:50 P. M.

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

myocarditis acute & chronic  
nephritis acute & chronic  
131 131  
130 131

Other contributory causes of importance: 130

Name of operation none Date of \_\_\_\_\_

What test confirmed diagnosis? clinical Was there an autopsy? no

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? no

If so, specify \_\_\_\_\_

(Signed) Nelso F Osterblad, M. D.

(Address) 1570 Professional Bldg

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.

Prof. Bldg.

5559 Crestwood dr Hi - 4287

WE - 9500

pm

1530