

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

Do not use this space.

27438

1. PLACE OF DEATH

County..... Registration District No. 70
Township..... Primary Registration District No. 20
City St. Louis, Mo. St. Louis Children's Hosp. Registered No. 7243
St. Louis Children's Hosp. St. Ward

2. FULL NAME

(a) Residence, No. 3426 E. Pennsylvania St. Ward. 24
(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) Child

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-9-27

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>5</u>	<u>3</u>	<u>26</u>	

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

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)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

MOTHER FATHER 13. NAME Arthur Hansen

14. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Dessie Held

16. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo.
(STATE OR COUNTRY)

17. INFORMANT Dr. Kerlitz
(ADDRESS) 500 Dr. Kerlitz

18. BURIAL, CREMATION, OR REMOVAL PLACE new St. Marcus DATE Aug. 8 - 1933

19. UNDERTAKER Friedman Bros.
(ADDRESS) 1015 E. Market St.

20. FILED AUG - 6 1933 W. C. Starkey
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-5-1932

22. I HEREBY CERTIFY, That I attended deceased from 8-3-1932 to 8-5-1932

I last saw him alive on 8-5-1932 Death is said to have occurred on the date stated above, at 9:30 a.m.

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

Acute bacteremia of tubercle bacillus
Septicemia
Pneumonia effusiva
Date of onset 154

Other contributory causes of importance: Septicemia
Pneumonia effusiva

Name of operation Incision drainage of abscess Date of 8-5-32

What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____
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) Lawrence R. Bell M. D.
(Address) Children's Hospital

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.

