

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

Do not use this space.

27615

1. PLACE OF DEATH

County _____ Registration District No. _____
Township _____ Primary Registration District No. _____
City St. Louis Mo. (No. 3151 Cherokee St.) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3151 Cherokee St., -16 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 20 - 1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
60 5 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocery 165

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

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 Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Margaret Neper 3151 Cherokee St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Funerary Home Pl. DATE Aug. 16 - 1932

19. UNDERTAKER (ADDRESS) Ziegenhain Bros. 3153 Cherokee St.

20. FILED AUG 14 1932 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13 1932

22. I HEREBY CERTIFY, That I attended deceased from July 27 1932 to August 13 1932

I last saw h. in _____ alive on Aug. 13 1932 Death is said

to have occurred on the date stated above, at 6:45 a. m.

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

Hypertension of the blood
artery Malignant
5/12
5/12

Date of onset

about 2 years

Other contributory causes of importance:

Name of operation Laparotomy Date of 8-6-32

What test confirmed diagnosis? Indirectly 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 _____ 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) Joseph Baseler M. D.

(Address) 4700 Gravois

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.

