

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

Do not use this space.

30722

1. PLACE OF DEATH

County.....

Registration District No.

Township.....

Primary Registration District No.

City St. Louis (No. ISOLATION HOSPITAL)

File No.

Registered No. 8397

2. FULL NAME

(a) Residence, Walmore
(Usual place of abode)

St., 13 Ward, Metrop. Polis, Illinois
(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 married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 27 1891

7. AGE YEARS 41 MONTHS 7 DAYS 19 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. oleub 253

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

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) Mass 2

FATHER 13. NAME Arnold Baroel

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreal Canada

MOTHER 15. MAIDEN NAME Sasara Jussimni

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Montreal Canada

17. INFORMANT (ADDRESS) ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL PLACE Metropolis Ill DATE Sept 22 1932

19. UNDERTAKER (ADDRESS) Dinkins Funeral Home Metropolis Ill

20. FILED SEP 19 1932 Met C. Starker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 16, 1932

22. I HEREBY CERTIFY, that I attended deceased from Sept 15 3:30 to Sept 16 16:30, 1932

I last saw him alive on Sept 16 9:00, 1932 Death is said to have occurred on the date stated above, at 7:15 a.m.

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

Pneumococcus Meningitis
79A
79A
Other contributory causes of importance: 79A

Date of onset 9-13

Name of operation None Date of
What test confirmed diagnosis? Robert Culture etc. Was there an autopsy? No

23. If death was due to external causes (Violence, etc.) also the following: Accident, suicide, or homicide? No Date of injury 1932

Where did injury occur? No (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) John Eschenbaum M.D.
(Address) ISOLATION HOSPITAL

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.

RECORDED

