

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.

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

Dr. Muler
Do not use this space.
/ 31090

1. PLACE OF DEATH

County..... Registration District No. 1003
Township..... Primary Registration District No. 1003
City St. Louis (No. 3004 - Lawton)

File No.....
Registered No. 8945
St. Ward)

2. FULL NAME

(a) Residence, No. 3004 a. Lawton Ward. 2
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Unknown 1867

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
abt. 65 Unknown

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

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) (STATE OR COUNTRY) La

13. NAME Charles H. Hitt

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

15. MAIDEN NAME Margaret Unknown

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

17. INFORMANT (ADDRESS) May Scott

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE St. Louis 10-8-1932

19. UNDERTAKER (ADDRESS) W. B. Green

20. FILED 7-1932 19 May 6, Stalkoff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-29, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 26 1932 to Sept 29, 1932

I last saw him alive on Sept 26, 1932. Death is said to have occurred on the date stated above, at 10:40 a.m.

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

apoplexy cerebral Date of onset 3 d
82A Hemorrhage
97

Other contributory causes of importance:
Arterio Sclerosis
Palpitation from
Mercury

Name of operation..... 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) Vincent J. Muler, M. D.
(Address) 2335 Franklin

