

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

Do not use this space.

31102

**1. PLACE OF DEATH**

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City *St. Louis* (No. *City Hospital*)

File No. ....

Registered No. **9340**

St. .... Ward)

11027

**2. FULL NAME**

(a) Residence, No. *1926 Chouteau St.*

(Usual place of abode)

*Wanda*

Ward. *22*

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred *40* yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**1 MEDICAL CERTIFICATE OF DEATH**

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 23-1867*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*65 4 6*

8. Trade, profession, or particular kind of work done, as splanner, sawyer, bookkeeper, etc. *Laborer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Self 237*

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) *Hospital*

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *St. Matthews Oct-21-1932*

19. UNDERTAKER (ADDRESS) *J. St. McLaughlin 1631 Massachusetts Ave.*

20. FILED *Oct 21 1932* Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Sept. 29th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Sept 28, 1932, to Sept. 29th, 1932*  
I last saw him alive on *Sept 29, 1932* Death is said to have occurred on the date stated above, at *8:15 P.M.*  
The principal cause of death and related causes of importance were as follows:

*Carcinoma of Bladder (primary)*  
*5/13 5/13*  
Other contributory causes of importance:  
*(D)*

Name of operation..... Date of.....  
What test confirmed diagnosis?..... 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?.....  
If so, specify.....  
(Signed) *Henry Drost*, M. D.  
(Address) *City 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.

