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

Do not use this space.

~~34 3558~~ - B

31103 - B

1. PLACE OF DEATH 31103 - B

County ..... Registration District No. 591

Township ..... Primary Registration District No. .....

City St. Louis (No. 2708 Olive (rear) St. ..... Ward)

File No. 31103 - B

Registered No. 9838

2. FULL NAME Dan Paundreia

(a) Residence, No. 2708 Olive (rear) St., 21 Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Col.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) Unk

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

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

7. AGE YEARS Abt. 70 MONTHS DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Unknown

FATHER

13. NAME Unknown

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

MOTHER

15. MAIDEN NAME Unk.

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

17. INFORMANT (ADDRESS) D. W. Kerner Deputy Coroner

18. BURIAL, CREMATION, OR REMOVAL PLACE Potterfield DATE 11-7 1932

19. UNDERTAKER (ADDRESS) Finkie Toney 3129 Lucas Lane

20. FILED NOV -7 1932 19 Max C Sander Registrar. 11/4/32

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 30, 1932

22. My Physician in attendance I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 6.40 p.m.

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

	Date of onset
Chronic Myocarditis	
93C	

Other contributory causes of importance: 93C

Name of operation ..... Date of .....

What test confirmed diagnosis? 7 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 No Injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. Evans, M.D.

(Address) Deputy Coroner