

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

Do not use this space.

37125

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis (No. City Hospital)

File No.....
Registered No. 9731
St..... Ward.....

2. FULL NAME

(a) Residence, No. 330 06 a So. 9th St. 24 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) abt. 1888

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
abt 54 Unknown

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 67

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) Austria

MOTHER 13. NAME Unknown Bachmann

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Hospital Information
Ernst Kopp
City Hosp

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Peter Church DATE Nov. 4 1932

19. UNDERTAKER (ADDRESS) Witt Bros. Co.
2925 N. Jefferson

20. FILED 11-3-32 1932 W. C. Carter Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov - 1st, 1932

22. I HEREBY CERTIFY That I attended deceased from Oct. 29th, 1932 to Nov - 1st, 1932
I last saw him alive on Nov. 1st, 1932 Death is said to have occurred on the date stated above, at 2:15 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage
8277 95 11
103
Other contributory causes of importance: Hypertension (D)
Date of onset

Name of operation..... Date of.....
What test confirmed diagnosis? clin. 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) J. Bachmann, M. D.
(Address) City Hospital

WRITE FULLY, 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.

