

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

Do not use this space.

37309

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis Mo. (No. City, Sanitarium) St. Ward)

File No.....
Registered No. 9939
St. Ward)

2. FULL NAME

(a) Residence, No. Unknown St., 13 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 52 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) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1874

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>58</u>	<u>2</u>	<u>25</u>	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Steamster</u>	11. Total time (years) spent in this occupation <u>unknown</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Unknown</u> 104	
	10. Date deceased last worked at this occupation (month and year) <u>Unknown</u>	

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
Germany 10

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT W.F. McNamee M.D.
(ADDRESS) 5400 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Bethlehem DATE Nov. 15, 1932

19. UNDERTAKER Math. Ferguson & Son
(ADDRESS) 4561 East Fair Cir.

20. FILED NOV 10 1932 Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10th 1932

I HEREBY CERTIFY That I attended deceased from July 1st 1930 to Nov 10th 1930
I last saw him alive on Nov 10th 1932 Death is said to have occurred on the date stated above, at 4:40 p.m.

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

Chronic Myocarditis 7/1/30
Epilepsy 7/1/30
Other contributory causes of importance: None

Name of operation Date of
What test confirmed diagnosis Autopsy 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 None
(Signed) William F. McNamee M. D.
(Address) 5400 Arsenal St.

WRITE PLAINLY, 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.

