

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.

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

Do not use this space.

37334

1. PLACE OF DEATH

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

File No.....
Registered No. 9967

2. FULL NAME

(a) Residence, No. 3169 Morganford Rd 16 Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25 1932

8. AGE YEARS MONTHS DAYS If LESS than 1 day, or min.
✓ 4 15

9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. —

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

11. 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) St Louis Mo

13. NAME Louis Wille

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

15. MAIDEN NAME Clara Muerenberg

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT (ADDRESS) Louis Wille 3169 Morganford Rd

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem DATE Nov 12 1932

19. UNDERTAKER (ADDRESS) Osborn & Hoffmister 4011 Chicago Ave

20. FILED NOV 23 1932 W. J. Starkley Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Nov 2 1932 to Nov 10 1932

I last saw h. alive on Nov 10 1932 Death is said to have occurred on the date stated above, at 7 P. m.

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

congenital heart
(patent interventricular septum)
1570 (Septum) meant at death
1071R 1570

Other contributory causes of importance:

Bronchus pneumonia 4 days

Name of operation no 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) Frank P. Costello, M. D.

(Address) Peter Brady

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