

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

Do not use this space.

37546

1. PLACE OF DEATH

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

File No.
Registered No. 10220
St. Ward)

2. FULL NAME

(a) Residence, No. 1601 N. Euclid Ave 6 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 - 1937

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
1 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. none

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) St Louis mo (STATE OR COUNTRY)

13. NAME Charles Horan

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

15. MAIDEN NAME Mary Bennett

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

17. INFORMANT Charles Horan (ADDRESS) 1601 N Euclid Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE obituary DATE Nov 19 1937

19. UNDERTAKER Buller & Kelly (ADDRESS) 1416 N Taylor St

20. FILED NOV 19 1937 W. C. Parker Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Nov 15 1937, to Nov 18 1937

I last saw him alive on Nov 18 1937 Death is said to have occurred on the date stated above, at 10:30 a.m.

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

Primary
Bubonic meningitis
(body finding at autopsy)
10/14

Date of onset

Nov 18/37

Other contributory causes of importance:

9. 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) J. P. Smith M. D.
(Address) 1216 N. Taylor 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.

18. 10. 1900
W. H. ...

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