

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

Do not use this space.

37972

1. PLACE OF DEATH

County.....
Township.....
City St. Louis (No. 13)

Registration District No. 791
Primary Registration District No. 1003

File No.
Registered No. 10855 Ward

2. FULL NAME

Unknown White Male
(a) Residence, No. Missouri St., 13 Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Unknown

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
Ab. 55

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) Unknown 11. Total time (years) spent in this occupation 31

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

13. NAME "

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

15. MAIDEN NAME "

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

17. INFORMANT (ADDRESS) J. W. Keenan

18. BURIAL, CREMATION, OR REMOVAL PLACE Wentworth Field DATE Jan 8 1932

19. UNDERTAKER (ADDRESS) Peck Bros 3029 Lafayette

20. FILED DEC - 1 1932 Registrar J. W. Keenan

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18 1932

22. I HEREBY CERTIFY, That I attended deceased from 11/18/32 to 11/18/32

I last saw him alive on 11/18/32. Death is said to have occurred on the date stated above, at 140 m.

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

Chronic Myocarditis

Other contributor causes of importance:

Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 1932

Where did injury occur? None (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 No Injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify None

(Signed) J. W. Keenan, M.D.
Address 1212 Lafayette

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

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.

