

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

Do not use this space.

**1. PLACE OF DEATH**

County ..... Registration District No. 7901  
 Township ..... Primary Registration District No. 9703  
 City St. Louis Mo. (No. 3639, Hickory St., Ward)

File No. 41869  
 Registered No. 10957  
 St. .... Ward)

**2. FULL NAME**

(a) Residence, No. 3639 Hickory St. 18 Ward.

Length of residence in city or town where death occurred 7 yrs. 0 mos. 0 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 14 - 1869

7. AGE YEARS 63 MONTHS 8 DAYS 25 IF LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. laborer

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

10. Date deceased last worked at this occupation (month and year) 7 - 1927 11. Total time (years) spent in this occupation 2 yrs

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

13. NAME John Anglin

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

15. MAIDEN NAME Mary Holland

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

17. INFORMANT Mrs. Rose Anglin (ADDRESS) 3639 Hickory St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cathary Cemetery DATE Dec. 12 1932

19. UNDERTAKER Ed J. Schauer (ADDRESS) 3125 Lafayette Ave.

20. FILED DEC 11 1932 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 9, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1, 1932, to Dec. 9, 1932  
 I last saw him alive on Dec 1, 1932 Death is said to have occurred on the date stated above, at 11:30 A.M.  
 The principal cause of death and related causes of importance were as follows:

3 years uranic Poison  
131  
132 B  
131  
 Other contributory causes of importance:  
Chronic Nephritis  
2 years standing

Name of operation ..... Date of .....  
 What test confirmed diagnosis? ..... Was there an autopsy? .....

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) W.E. Smith, M. D.  
 (Address) 4115 W. Pine

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.

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

