

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

Do not use this space.

42080

1. PLACE OF DEATH

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

File No.
Registered No. 11205
St. Ward)

#15828

2. FULL NAME

(a) Residence, No. 815 O. Halloran St. 125 Ward 125
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Life 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) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 20 1887

7. AGE YEARS 45 MONTHS 3 DAYS 24 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Teamster 104

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. H. P. Meyer & Co.

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 (STATE OR COUNTRY) Mo.

13. NAME Wm. Klostermeyer

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

15. MAIDEN NAME Nora Grant

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunson DATE Dec 17 32

19. UNDERTAKER (ADDRESS) Wagner-Helderte

20. FILED DEC 17 1932 Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 14th, 1932

22. I HEREBY CERTIFY, That I attended deceased from Dec. 14th, 1932 to Dec. 14th, 1932
I last saw him alive on Dec. 14th, 1932 Death is said to have occurred on the date stated above, at 6:50 P.M.
The principal cause of death and related causes of importance were as follows:

Date of onset
Broncho-pneumonia
23A
93C
107A
Other contributory causes of importance:
Pulm. Tuberculosis
Chr. Myocarditis
Name of operation None Date of

What test confirmed diagnosis? Chest X 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? No
If so, specify Maurice A. Peltier M. D.
(Signed) City Hospital
(Address)

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.

Richardson