

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

Do not use this space.

42102

**1. PLACE OF DEATH**

County..... Registration District No. 40065  
 Township..... Primary Registration District No. 2  
 City St. Louis Mo. (No. City Hospital) St. .... Ward)

File No. 11227  
 Registered No. ....

**2. FULL NAME**

(a) Residence, No. 442 W. Belle St. .... 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 <u>Male</u>	4. COLOR OR RACE <u>Col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>2-22-1899</u>		
7. AGE	YEARS <u>55</u>	MONTHS <u>9</u>
	DAYS <u>24</u>	IF LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>Painter 69</u>
	10. 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) Amosovic 1

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

15. MAIDEN NAME Unknown

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

17. INFORMANT A. H. Strader, Death City Hospital

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Greenwood DATE 12/18/1932

19. UNDERTAKER (ADDRESS) W. C. Gordon and Co. 2649 Morgan St.

20. FILED DEC 18 1932 May E. Starnes Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-16-1932

22. I HEREBY CERTIFY, That I attended deceased from 12-15, 1932, to 12-16, 1932

I last saw h. me alive on 12-16-32, 1932 Death is said to have occurred on the date stated above, at 5:20 m.

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

131  
g.c.c.  
Chronic nephritis  
 Other contributory causes of importance:  
Chronic myocarditis

23. Name of operation 131 autopsy 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?.....

If so, specify Amosovic  
 (Signed) Amosovic M. D.  
 (Address) City Hospital 2

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.

