

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

Do not use this space.

42191

**1. PLACE OF DEATH**

County .....

Registration District No. ....

Township .....

Primary Registration District No. ....

City .....

(No. ....)

Sanitarium

File No. ....

Registered No. ....

St. ....

Ward) ....

**2. FULL NAME**

(a) Residence, No. ....

(Usual place of abode) .....

(or Poplow)

St. 13 Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 42 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 (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 17, 1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	72	10	29	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Painter  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Paperhanger  
 10. Date deceased last worked at this occupation (month and year) unknown  
 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wis.

13. NAME Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wisconsin

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Milwaukee Wisconsin

17. INFORMANT Bernard T. Koon, M.D.  
(ADDRESS) 5300 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL  
PLACE Holy Sepulchre DATE Dec. 20, 1932

19. UNDERTAKER Geo. Pausch  
(ADDRESS) 5800 Arsenal St.

20. FILED DEC 20 1932

Registrar

**2 MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to December 16, 1932.  
 I last saw him alive on December 16, 1932. Death is said to have occurred on the date stated above, at 4:45 P.M.

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

Acute Myocardial Failure Date of onset 12/16/32

93C  
93D  
Chronic Myocarditis

Name of operation ..... Date of .....  
 What test confirmed diagnosis? blood Was there an autopsy? No

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) Bernard T. Koon, M. D.  
 (Address) 5300 Arsenal St.

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.

