

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

Do not use this space.

42413

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 701
City St. Louis (No. City Hospital #1)
#19470

File No.
Registered No. 11545
St. Ward

2. FULL NAME

(a) Residence, No. 8325 Hobson St. 1 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. 7 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) Unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 60 None None

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. 237

10. Data 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) Missouri

13. NAME Unavailable

14. BIRTHPLACE (CITY OR TOWN) New Orleans (STATE OR COUNTRY) Louisiana

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) New Orleans (STATE OR COUNTRY) Louisiana

17. INFORMANT Hospital Information (ADDRESS) 204 S. Broadway, City Hospital #1

18. BURIAL, CREMATION, OR REMOVAL PLACE National Cem DATE 12/29 1932

19. UNDERTAKER C. Hoffmeyer & Co. (ADDRESS) 204 S. Broadway

20. FILED 11621 C. J. Anderson Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 25, 1932

22. I HEREBY CERTIFY, That I attended deceased from Sept 19th, 1932 to December 25th, 1932
I last saw him alive on December 25th, 1932. Death is said to have occurred on the date stated above, at 9:15 P.M.

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

Broncho Pneumonia
Central Hemorrhage
GA
101A

Date of onset
10-23-32
12-24-32
10-22-32

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis? Clinical 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?.....
If so, specify.....

(Signed) Arthur A. Zinn, M. D.
(Address) City Hospital #1

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

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.

DEC 23 1958