

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

Do not use this space.

42533

File No. \_\_\_\_\_  
Registered No. **11676**  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County \_\_\_\_\_ Registration District No. **1578**  
Township \_\_\_\_\_ Primary Registration District No. **1578B**  
City **St. Louis** **ISOLATION HOSPITAL**

**2. FULL NAME**

(a) Residence, No. **2636 1/2 Vincent** St., **13** Ward.  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <b>Male</b>	4. COLOR OR RACE <b>White</b>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <b>Single</b>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <b>Jan 11 - 1925</b>		
7. AGE	YEARS <b>17</b>	MONTHS <b>11</b>
	DAYS <b>16</b>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <b>school child</b>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	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) <b>St. Louis Mo</b>		
FATHER	13. NAME <b>James L. Visel</b>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
MOTHER	15. MAIDEN NAME <b>Ida McP. Regan</b>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <b>Frescoville Ill.</b>	
17. INFORMANT (ADDRESS) <b>ISOLATION HOSPITAL</b>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <b>Walhalla Cms.</b> DATE <b>12-30-32</b>		
19. UNDERTAKER (ADDRESS) <b>Wiegshauer Mortuaries, 4228 N. Kings Highway, St. Louis</b>		
20. FILED _____ 19____ Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Dec 27, 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Dec 27, 1932**, to **Dec 27, 1932**.  
I last saw h. **un** alive on **Dec 27, 1932**. Death is said to have occurred on the date stated above, at **10:45 a.m.**  
The principal cause of death and related causes of importance were as follows:  
**Meningococcemia**  
**18 18 18** (1)  
Other contributory causes of importance:  
**Meningococcus meningitis**  
**19-27**  
Name of operation **None** Date of \_\_\_\_\_  
What test confirmed diagnosis? **Cerebral** Was there an autopsy? **No**

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? **No** 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) **John McChubbaines** D.  
(Address) **ISOLATION HOSPITAL**

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.

