

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

Do not use this space.

3305

1. PLACE OF DEATH

County..... Registration District No. 791
 Township..... Primary Registration District No. 1008
 City St. Louis (No. City & Parish Ministry)

File No.
 Registered No. 199
 St. Ward)

2. FULL NAME

(a) Residence, No. 5800 Arsenal St., 13 Ward.
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 23 yrs. mos. ds. How long in U. S., if of foreign birth? 69 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 27 1863</u>		
7. AGE	YEARS <u>69</u>	MONTHS <u>11</u>
	DAYS <u>4</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 & Coal Digger</u>	
	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Waukegan Ill</u>	
	13. NAME <u>John Johnson</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>England</u>	
MOTHER	15. MAIDEN NAME <u>Mary Triggitt</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	17. INFORMANT <u>M. Kasper</u> (ADDRESS) <u>5800 Arsenal</u>	
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Calvary</u> DATE <u>Jan 7, 1933</u>	
	19. UNDERTAKER <u>E. H. Glessner & Co.</u> (ADDRESS) <u>2242 Pine St. St. Louis</u>	
	20. FILED <u>JAN - 6 1933</u> <u>W. C. Starck</u> Registrar.	

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1 - 1 - 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 19, 1932, to Jan 1, 1933
 I last saw him alive on Dec 31, 1932. Death is said to have occurred on the date stated above, at 10:20 am.
 The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia 12/2/32
11/2/32
11/2/32
1070W
 Other contributor causes of importance:
Senility

Name of operation 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 C. W. Schussler, M. D.
 (Signed) C. W. Schussler
 (Address) 5600 Arsenal

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.

69
2
8
2

