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.

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

Do not use this space.

3308

1. PLACE OF DEATH

County ..... Registration District No. ..... File No. .....

Township ..... Primary Registration District No. ..... Registered No. 202

City St. Louis (No. City Hospital St. ..... Ward)

2. FULL NAME #16164 Jerome Faulkner

(a) Residence, No. 3225 Montgomery St. Ward 20 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 18 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): widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1853

7. AGE: YEARS 79 | MONTHS 5 | DAYS 18 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. merchant

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Real Estate

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) Columbus Ohio

FATHER

13. NAME Jerome Faulkner

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

MOTHER

15. MAIDEN NAME Rebecca Williams

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Columbus Ohio

17. INFORMANT (ADDRESS) Hospital Information Grace Kopp City Hospital

18. BURIAL, CREMATION, OR REMOVAL

PLACE Est Louis Ill DATE Jan 7 1933

19. UNDERTAKER (ADDRESS) Wm M J Walsh 701 Illinois Ave Est Louis

20. FILED JAN -6 1933 19 Max C Harkey Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3rd 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec. 19th 1932 to Jan. 3rd 1933

I last saw him alive on Jan. 3rd 1933 Death is said to have occurred on the date stated above, at 2.30 a. m.

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

	Date of onset
Hypostatic pneumonia	12-31-32
Chronic myocarditis	12-19-32 +
311	
31	
95C	
97	

34

Other contributory causes of importance:

Arterio Sclerosis	12-19-32 +
Syphilis	12-19-32 +

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 Hines, M. D.

(Address) City Hospital

Hall