

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

Do not use this space.

3409

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 10001
City St. Louis (No. 2256) Cass Ave. St. Ward

File No.
Registered No. 308
St. Ward

2. FULL NAME

(a) Residence, No. St. 20 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED—HUSBAND OF (OR WIFE OF) <u>Anna</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE YEARS <u>About 92</u>	MONTHS	DAYS
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Self</u>		
10. Date deceased last worked at this occupation (month and year) <input checked="" type="checkbox"/> Total time (years) spent in this occupation		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Michigan</u>		
13. NAME <u>Unavailable</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable</u>		
15. MAIDEN NAME <u>Unavailable</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unavailable</u>		
17. INFORMANT (ADDRESS) <u>Anna Isham</u> <u>2256 Cass</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>National Cem.</u> DATE <u>1-11-1933</u>		
19. UNDERTAKER (ADDRESS) <u>C. Hoffmeister, No. 710</u> <u>17814 So. Broadway</u>		
20. FILED <u>JAN -9 1933</u> <u>Wm C. Parker Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 8, 1933

22. I HEREBY CERTIFY That I attended deceased from Jan 1st, 1932, to my wife, 1933
I last saw him alive on Jan 7th, 1933. Death is said to have occurred on the date stated above, at 5:30 A.M.
The principal cause of death and related causes of importance were as follows:
arteriosclerosis
92A
97
92W
Other contributory causes of importance:
valvular disease of heart.
Date of onset unknown

23. Name of operation Resection Date of 1-11-33
What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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 2
Nature of injury 2

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) C. Hoffmeister, M. D.
(Address) 4105 W. Main St. St. Louis

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.

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31
31

BH Wilson

4105 W. Flouissant.

col. 8579 - 1-3972