

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

Do not use this space.

3445

**1. PLACE OF DEATH**

County..... Registration District No. 7911 File No. ....  
Township..... Primary Registration District No. 10113 Registered No. 344  
City St. Louis No. City Hospital St. .... Ward)

# 17196

**2. FULL NAME**

(a) Residence, No. 2909<sup>th</sup> No. Belway St. 26 (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single  
6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 28-1930

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ..... hrs. or ..... min.
	<u>2</u>	<u>2</u>	<u>12</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. nil 90  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10  
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation..... 10 1/2

12. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO.

FATHER 13. NAME Joseph Howard

14. BIRTHPLACE (CITY OR TOWN) New Athens (STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Gertrude Mattousek

16. BIRTHPLACE (CITY OR TOWN) St. Louis (STATE OR COUNTRY) MO.

17. INFORMANT (ADDRESS) Hospital Information City of St. Louis

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cem'ty DATE Jan. 11, 1933

19. UNDERTAKER (ADDRESS) Joe J. Dinkins 1521 N. Grand St. St. Louis

20. FILED Jan 11 1933 Max Howard Registrar.

**3 MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9th 1933

22. I HEREBY CERTIFY that I attended deceased from Jan. 6th 1933 to Jan. 9th 1933  
I last saw him alive on Jan. 9th 1933 Death is said to have occurred on the date stated above, at 12.10 P.M.  
The principal cause of death and related causes of importance were as follows:

Principal cause of death: Acute Pericarditis (addressed) 90  
Other contributory causes of importance: Cervical adenitis Lt. Upper respiratory infection 10 days

Name of operation..... Date of.....  
What test confirmed diagnosis? clinical 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.....  
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? If so, specify N. A. Martin M. D. (Signed) City Hospital (Address)

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.

Howard