

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 5702
 Township Primary Registration District No. 9009
 City St. Louis (No. 5406, Virginia G.) St. _____ Ward _____

File No. _____
 Registered No. L 3809
 St. _____ Ward _____

2. FULL NAME Ferdinand Vincent

(a) Residence, No. 5406 Virginia St. 15 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 30 - 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
64 8 20

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

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

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) St. Louis Mo

13. NAME Charles Vincent

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Louise Knopf

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs Leah Vincent (ADDRESS) 5406 Virginia

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Joseph's DATE Jan 23 1934

19. UNDERTAKER Ferdinand Vincent (ADDRESS) 2819 Michigan St

20. FILED JAN 23 1934 C. H. Harker Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 20 1934

22. I HEREBY CERTIFY That I attended deceased from 12/15/33 1933 to 1/20/34 1934

I last saw him alive on 1/18/34 1934 Death is said to have occurred on the date stated above, at 9 A. m.

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

Cardiac nephritic Date of onset ?
Cholera
958
931
957B
 Other contributory causes of importance:
Acute Myocarditis 1/10/34

Name of operation _____ Date of _____

What test confirmed diagnosis Phos. Ex. 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 _____, 1934

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? no

If so, specify _____

(Signed) J. W. Stenager, M. D.

(Address) 3532 Washington

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.

