

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

Do not use this space.

4100

1. PLACE OF DEATH

County Registration District No. **1003**
Township Primary Registration District No.
City **St. Louis** No. **City** **Germany**

File No. **1065**
Registered No.
St. Ward)

2. FULL NAME

(a) Residence, No. **5800 Arsenal St.** **13** Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred **34** yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX **M** 4. COLOR OR RACE **W** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Single**

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

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

22. I HEREBY CERTIFY that I attended deceased from **Jan 12 1933** to **Jan 21 1933**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Sept. 8 1857**

I last saw him alive on **Jan 21 1933** Death is said to have occurred on the date stated above, at

7. AGE YEARS **75** MONTHS **4** DAYS **13** If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:
Labor Pneumonia
Chronic Myocarditis
108
108

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

Other contributory causes of importance:
108
108
Sub-arterial Hemorrhage from infection cause unknown

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **At Sea**

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

MOTHER 13. NAME

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.

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

Manner of injury
Nature of injury

MOTHER 15. MAIDEN NAME

24. Was disease or injury in any way related to occupation of deceased?

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

If so, specify

17. INFORMANT **M. Jessinger** (ADDRESS) **5800 Arsenal**

(Signed) **Demetrius E. Erard** M.D.
(Address) **5800 Arsenal St**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Washington** DATE **1-27 1933**

19. UNDERTAKER **Walter Ruchter** (ADDRESS) **3500 Ritz St**

20. FILED **JAN 30 1933** 19 **Max C. [unclear]** Registrar.

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.

