

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.

7722

1. PLACE OF DEATH

County Registration District No. 501
Township Primary Registration District No. 10008
City St. Louis (No. City, Hospital)

File No.
Registered No. 1684
St. Ward)

2. FULL NAME

19645 George March

(a) Residence, No. Municipal Lodging House (If nonresident, give city or town and State)
(Usual place of abode) 2447 1/2 Life mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

Length of residence in city or town where death occurred yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 26th 1862

7. AGE YEARS 70 MONTHS 6 DAYS 2 1/2 If LESS than 1 day, hrs. or min.

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

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

13. NAME Frank March

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

15. MAIDEN NAME Mary Harine

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Bellefontaine DATE Feb 20 33

19. UNDERTAKER Wacker Heldele (ADDRESS) 233 1/2 Broadway

20. FILED FEB 18 1933 Registrar.

3- MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 17th 1933

22. I HEREBY CERTIFY, That I attended deceased from Feb. 15th 1933 to Feb. 17th 1933
I last saw him alive on Feb. 17th 1933 Death is said to have occurred on the date stated above, at 11:30 P.M.

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

Arterio-sclerotic Heart Dis. (Chr. Myocarditis)
Broncho-Pneumonia
Other contributory causes of importance: 930
935
107A

Name of operation Date of
What test confirmed diagnosis? clin 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? No
If so, specify

(Signed) J. Coleman M.D.
(Address) City Hospital

