

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

Do not use this space.

7782

1. PLACE OF DEATH

County Registration District No. *1700*
 Townshp. *St. Louis* Primary Registration District No. *5000*
 City *St. Louis* (No. *320 S. 11 E. St.*) St. Ward

File No.
 Registered No. **1751**
 St. Ward

2. FULL NAME *Unknown White Male*

(a) Residence, No. *Unknown* St., *22* 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

MEDICAL CERTIFICATE OF DEATH

3. SEX *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Unknown*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *2-8-33* 19

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

No physician in attendance
 22. I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19.....

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Unknown*

I last saw h..... alive on, 19..... Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.

to have occurred on the date stated above, at *7⁰⁰ a. m.*
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Unknown*

Freezing due to Exposure
 Date of onset

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

Other contributory causes of importance:

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) *Unknown*

FATHER 13. NAME

Name of operation Date of

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

What test confirmed diagnosis? Was there an autopsy? *No*

MOTHER 15. MAIDEN 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)

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

Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) *Harold S. Schultz*
Coroner's Office

Manner of injury
 Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE *Potters Field* DATE *2/22/33* 19

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER (ADDRESS) *P. J. Bro.*
3829 St. of ...

(Signed) *Harold S. Schultz* M.D.
Deputy Coroner

20. FILED *REC 21 1933*
W. J. ...

(Address) *...*
 Registrar. *2/20/33*

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.

