

**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.....

Township.....

Primary Registration District No.....

City..... (No.)

.....

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

791

1003

7875

File No.....

Registered No.....

St.

Ward.....

1846

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 11 - 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>58</u>	<u>4</u>	<u>25</u>	

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

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) Budapest (STATE OR COUNTRY) Hungary

13. NAME Paul Evans

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

15. MAIDEN NAME Mary (unknown)

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

17. INFORMANT (ADDRESS) Hospital information

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington U DATE 2-14 1953

19. UNDERTAKER (ADDRESS) Walter Richter

20. FILED FEB 23 1953 19.....

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 5th 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan. 27th 1933, to Feb 5th 1933

I last saw him alive on Feb. 5th 1933 Death is said to have occurred on the date stated above, at 10:35 a.m.

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

Hypertension Heart Disease 13 1/2
Cerebral Hemorrhage 75 B
Chronic Nephritis 87 A

Name of operation..... Date of.....

What test confirmed diagnosis? Aut. 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) W. Paleman M. D.

(Address) City Hospital

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.

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Registrar.

Wanna