

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.

Monte

Blow Truck

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

Do not use this space.

8030

1. PLACE OF DEATH

County.....
Township.....
City..... *St Louis Mo*

Registration District No. *791*
Primary Registration District No. *1003*
(No. *6219 50 Broadway*)

File No.....
Registered No. *2032*
St. Ward)

2. FULL NAME

(a) Residence, No. *6219 50 Broadway* St. Ward. *1*
(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) *Infant*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Feb 26 1933*

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) (STATE OR COUNTRY) *St Louis Mo*

13. NAME *Chas Keller*

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

15. MAIDEN NAME *Mildred Mier*

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

17. INFORMANT (ADDRESS) *Mildred Mier 6219 50 Broadway*

18. BURIAL, CREMATION, OR REMOVAL *Trinity Lutheran Cemetery 2/28 1933*

19. UNDERTAKER (ADDRESS) *Southern Mfg Co 6320 50 Broadway*

20. FILED *FEB 28 1933* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Feb 27 1933*

22. I HEREBY CERTIFY, That I attended deceased from *2-27-33* to *2-27-33*
I last saw him alive on *2-27-33* Death is said to have occurred on the date stated above, at *4:45* m.
The principal cause of death and related causes of importance were as follows:

Mutilation due to Premature, and Congenital Perforating Condition.
Other contributory causes of importance: *Congenital Malformation & Ulcers*

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

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?.....
If so, specify.....

(Signed) *J. M. Barkley*, M. D.
(Address) *6632 Birch Ave.*

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M.L.S.
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